

# **CELLULAR MECHANISMS OF SLEEP HOMEOSTASIS**

## **Studies on Brain Energy Metabolism and Aging**

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The important thing in science is not so much to obtain new facts as to discover new ways of thinking about them.

*-Sir William Bragg*

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## ABSTRACT

Sleep is governed by a homeostatic process in which the duration and quality of previous wake regulate the subsequent sleep. Active wakefulness is characterized with high frequency cortical oscillations and depends on stimulating influence of the arousal systems, such as the cholinergic basal forebrain (BF), while cessation of the activity in the arousal systems is required for slow wave sleep (SWS) to occur. The site-specific accumulation of adenosine (a by-product of ATP breakdown) in the BF during prolonged waking /sleep deprivation (SD) is known to induce sleep, thus coupling energy demand to sleep promotion. The adenosine release in the BF is accompanied with increases in extracellular lactate and nitric oxide (NO) levels.

This thesis was aimed at further understanding the cellular processes by which the BF is involved in sleep-wake regulation and how these processes are affected by aging. The BF function was studied simultaneously at three levels of organization: 1) locally at a cellular level by measuring energy metabolites 2) globally at a cortical level (the out-put area of the BF) by measuring EEG oscillations and 3) at a behavioral level by studying changes in vigilance states.

Study I showed that wake-promoting BF activation, particularly with glutamate receptor agonist N-methyl-D-aspartate (NMDA), increased extracellular adenosine and lactate levels and led to a homeostatic increase in the subsequent sleep. Blocking NMDA activation during SD reduced the high frequency (HF) EEG theta (7-9 Hz) power and attenuated the subsequent sleep. In aging, activation of the BF during SD or experimentally with NMDA (studies III, IV), did not induce lactate or adenosine release and the increases in the HF EEG theta power during SD and SWS during the subsequent sleep were attenuated as compared to the young. These findings implicate that increased or continuous BF activity is important for active wake maintenance during SD as well as for the generation of homeostatic sleep pressure, and that in aging these mechanisms are impaired.

Study II found that induction of the inducible NO synthase (iNOS) during SD is accompanied with activation of the AMP-activated protein kinase (AMPK) in the BF. Because decreased cellular energy charge ( $ATP \downarrow : AMP \uparrow$ ) is the most common cause for AMPK activation, this finding implicates that the BF is selectively sensitive to the metabolic demands of SD as increases were not found in the cortex. In aging (study III), iNOS expression and extracellular

levels of NO and adenosine were not significantly increased during SD in the BF. Furthermore, infusion of NO donor into the BF did not lead to sleep promotion as it did in the young. These findings indicated that the NO (and adenosine) mediated sleep induction is impaired in aging and that it could at least partly be due to the reduced sensitivity of the BF to sleep-inducing factors. Taken together, these findings show that reduced sleep promotion by the BF contributes to the attenuated homeostatic sleep response in aging.

## ORIGINAL PUBLICATIONS

This thesis is based on the following publications referred to in the text by their Roman numerals:

- I. Wigren H-K, Schepens M, Matto V, Stenberg D, Porkka-Heiskanen T (2007). **Glutamatergic stimulation of the basal forebrain elevates extracellular adenosine and increases the subsequent sleep.** Neuroscience. 2007 Jul 13, 147 (3):811-23.
- II. Wigren H-K and Porkka-Heiskanen T (2009). **Inducible nitric oxide synthase and AMP-activated protein kinase in basal forebrain during prolonged waking.** Neuroreport. 2009 Jan 7; 20 (1):97-101
- III. Rytkönen K-M, Wigren H-K, Kostin A, Porkka-Heiskanen T and A. Kalinchuk (2008) **Nitric oxide mediated recovery sleep is attenuated with aging.** Neurobiology of Aging. 2008 Dec 4 [Epub ahead of print]
- IV. Wigren H-K, Rytkönen K-M, Porkka-Heiskanen T (2008). **Aging impairs basal forebrain lactate release and wake promotion during prolonged waking.** Submitted.

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## ABBREVIATIONS

ACh	acetylcholine
aCSF	artificial cerebrospinal fluid
ADP	adenosine diphosphate
AICAR	5-Aminoimidazole-4-carboxamide-1- $\beta$ -4-ribofuranoside
AMPA	alpha-amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid
AMP	adenosine monophosphate
AMPK	AMP-activated protein kinase
pAMPK	phosphorylated AMPK
ANOVA	analysis of variance
ATP	adenosine triphosphate
BF	basal forebrain
CX	cortex
DHK	dihydrokainate
EEG	electroencephalography
EMG	electromyography
GABA	gamma-aminobutyric acid
GLUT	glutamate
HDB	nucleus of horizontal limb of diagonal band
HF	high frequency
HPLC	high performance liquid chromatography
LAC	lactate
LDH	lactate dehydrogenase
LF	low frequency
MCPO	magnocellular preoptic area
MK-801	(5R, 10S)-(+)-5-methyl-10,11-dihydro-5H-debenzo[a,d]cyclohepten-5,10-imine hydrogen maleate
NAD <sup>+</sup>	nicotinamide adenine dinucleotide (oxidized form)
NADH	nicotinamide adenine dinucleotide (reduced form)
NMDA	<i>N</i> -methyl-D-aspartate
NREM	non-rapid-eye-movement sleep
NO	nitric oxide
NOS	nitric oxide synthase
iNOS	inducible nitric oxide synthase
nNOS	neuronal nitric oxide synthase
eNOS	endothelial nitric oxide synthase
PBS	phosphate buffered saline
REM	rapid-eye-movement
SD	sleep deprivation
SI	substantia innominata
SWS	slow wave sleep
SWA	slow wave activity
TBS	tris buffered saline
W	wake

## **1. REVIEW OF THE LITERATURE**

### **1.1. Regulation of vigilance states**

#### **1.1.1. Definition of vigilance states**

Electroencephalography (EEG) is used to record oscillations of electric potentials across the cortical surface. In sleep research it is utilized for objective identification of vigilance states. Wakefulness and rapid-eye-movement (REM) sleep are both associated with low amplitude, high frequency EEG signals. REM sleep differs from wakefulness by the presence of muscle atonia, which is why electromyographic (EMG) recordings are taken along with the EEG. Slow wave sleep (SWS), also referred to as non-rapid-eye-movement (NREM) sleep, is detected by the occurrence of high amplitude and low frequency EEG oscillations e.g. slow wave activity (SWA). Identification of vigilance states is based on these differences and performed either manually or by semi-automatic- or automatic scoring systems. As a result, hypnograms representing the variation of vigilance states and their durations during the recording period are produced. In addition to providing means for an objective definition of vigilance states, the EEG rhythms give detailed information on state-specific changes in arousal, behavior and sleep homeostasis (Nunez and Srinivasan, 2006; Achermann and Borbely, 2003) (See section 1.2 for details).

#### **1.1.2. Thalamocortical system**

The EEG signal results from summated postsynaptic potentials of vertically oriented pyramidal neurons, and only synchronous co-activation of large neuronal aggregates generates a signal that can be measured with an EEG (Olejniczak, 2006). Conventionally, the term EEG synchronization was assigned to SWS, as the three major synchronized rhythms: sleep spindles (7-15 Hz), delta (1-4 Hz) and slow oscillation (0.5-1 Hz) take place during SWS. However, synchronized rhythms, such as theta (~4-8 Hz), beta (20-30 Hz) and gamma (30-60 Hz) occur also during wakefulness and REM sleep (Steriade and McCarley, 2005). Synchronized EEG rhythms are generated by complex interactions between brainstem, posterior hypothalamic and basal forebrain neurons projecting to thalamus, neocortex and hippocampus. The intracellular properties and reciprocal connections of cortical, thalamocortical and reticular thalamic cells are at the core of generation of the EEG rhythms (Fuentelba and Steriade, 2005). All synchronized sleep

oscillations are associated with steady hyperpolarizations leading to rhythmic bursting of thalamocortical and cortical cells, as well as to inhibition of the transmission of afferent sensory signals via the thalamus. At the transition from sleep oscillations to those of waking or REM sleep, cells become depolarized and their activity changes from rhythmic spike bursts into tonic firing of single spikes.

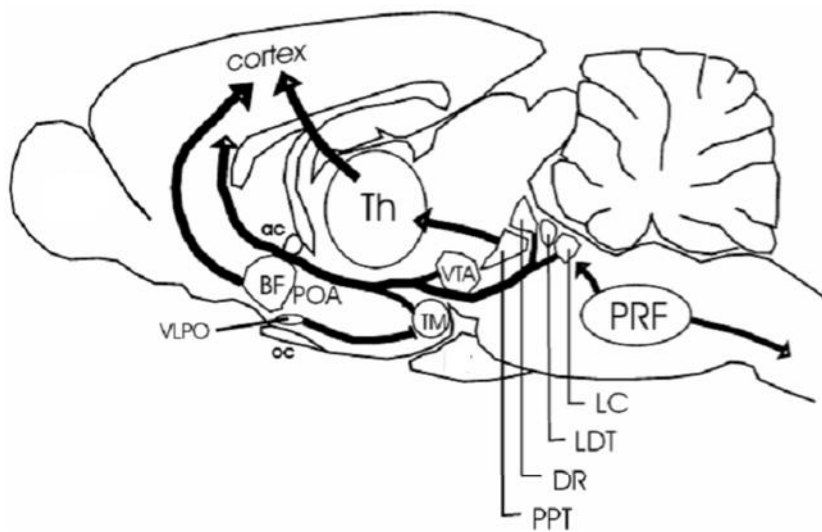
### **1.1.3. Arousal systems and the sleep switch**

Several neurotransmitter systems with diffuse projections to thalamus and cortex, classically identified as the ascending reticular activating system (Moruzzi and Magoun, 1949) are essential for inducing and maintaining the thalamocortical system at depolarized state. These so called arousal systems (Jones, 2003) are: the serotonergic system of the dorsal raphe nuclei (DR), the noradrenergic system of the locus coeruleus (LC), the histaminergic system of the tuberomammillary nucleus (TM), the orexinergic system of the lateral hypothalamus (LH), the dopaminergic system of the ventral periaqueductal grey matter and the cholinergic system of brain stem laterodorsal tegmental nucleus/pedunculopontine tegmental nucleus (LDT/PPT) and of the basal forebrain (BF). See figure 1.1.3A.

Neurons of the arousal system act in a coordinated fashion to abolish the low-frequency rhythms in the thalamocortical system and promote tonic activity and the appearance of high-frequency oscillations. In contrast to the other arousal systems, which are largely inactive during both SWS and REM sleep, the cholinergic system, which is probably the most important component in EEG activation, is essential also in inducing brain activation during REM sleep (Buzsaki and Gage, 1989; Kleiner and Bringmann, 1996; Detari et al., 1999).

The arousal systems are in turn reciprocally connected with inhibitory GABAergic cells of the hypothalamic ventrolateral preoptic area (VLPO) (Szymusiak and McGinty, 2008). These cells are most active during transition from waking to sleep and during sleep (Szymusiak et al., 1998; Sherin et al., 1996; Gaus et al., 2002; Lu et al., 2002; Gallopin et al., 2000), and the balance of mutual inhibition between arousal systems and the sleep-active VLPO underlies the transitions between vigilance states (McGinty et al., 2004). Sleep-wake transitions in this system are modeled by the electrical flip-flop switch concept (Saper et al., 2005). Instead of gradual transition through intermediate states, the flip-flop switch produces rapid and discrete state

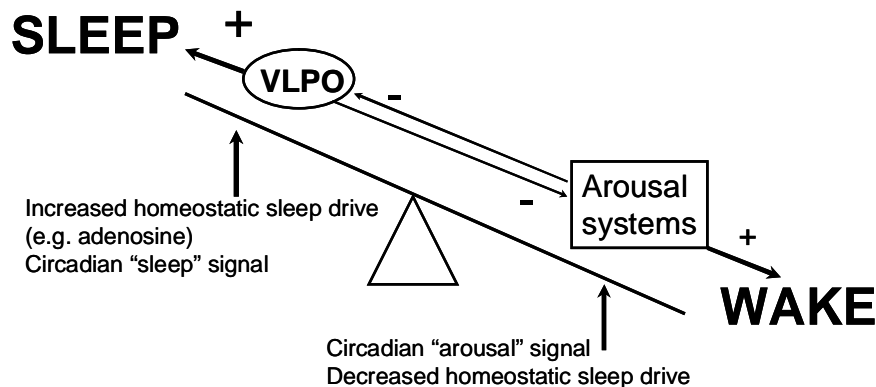
transitions. This ability to become rapidly and fully alert has obvious advantages for the survival of animals. Schematic representation of the arousal systems is presented in Fig. 1.1.3A and the flip-flop model in Fig.1.1.3B.



**Fig. 1.1.3A. Brain systems regulating sleep and arousal.**

The figure is adapted from (Stenberg, 2007). Abbreviations: Th=thalamus, ac=anterior commissure, oc=optic chiasma, BF= basal forebrain, VLPO=ventrolateral preoptic area, POA=preoptic area, TM= tuberomammillary nucleus, PPT=pedunculopontine nucleus, DR=dorsal raphe,

LDT=laterodorsal tegmental nucleus, LC=locus coeruleus, PRF =pontine reticular formation.



**Fig. 1.1.3B. The flip-flop switch.**

Unfortunately, a flip-flop switch also has the property of becoming unstable, particularly when the switch is close to its transition point (e.g. during drowsy driving) or when one side of the switch is weakened and becomes less able to inhibit the other side. As an example of such weakening, it has been suggested (Saper et al., 2005) that a cell loss in VLPO during aging may contribute to sleep fragmentation and day-time napping, both of which are frequent phenomena

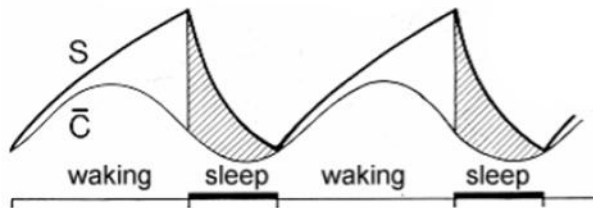
in the elderly (Ohayon et al., 2004;Cajochen et al., 2006). Accordingly, animals with VLPO lesions wake up more, are unable to go back to sleep while being chronically tired and having brief sleep episodes during wakefulness, all of which are signs of impaired vigilance state consolidation (Lu et al., 2000).

#### **1.1.4. Sleep-wake homeostasis**

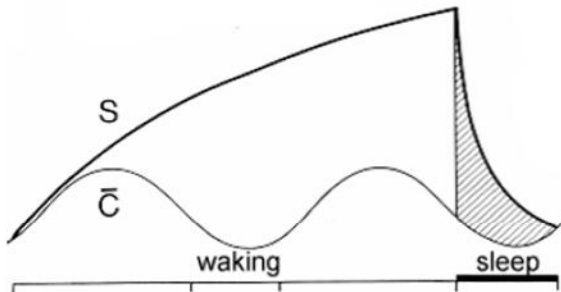
In addition to the brain machinery that generates oscillations and underlies vigilance state transitions, sleep-wake patterns are regulated by two important factors: circadian and homeostatic. Circadian modulation determines the timing of sleep-wake patterns according to the intrinsic ~24 hour circadian time, which in turn is entrained by external influences, the most important being the light-dark cycle. The circadian arousal signal promotes wakefulness during the active period, while during the inactive period it promotes sleep (Dijk and von Schantz, 2005). The homeostatic process, on the other hand, keeps track on the accumulating sleep propensity during wakefulness, and regulates the amount and intensity of sleep accordingly. If wakefulness is prolonged, sleep pressure increases until sleep is initiated. The higher incidence of SWA and SWS duration in the beginning of recovery sleep, as compared to baseline sleep, are thought to reflect sleep pressure, which dissipates in the course of recovery sleep (Achermann and Borbely, 2003).

According to the two process model of sleep regulation, the interaction between the homeostatic process (S) and circadian process (C) underlies the variations in sleep propensity, the alternation between wakefulness and sleep, SWS intensity, and the timing of REM sleep (Borbely, 1982;Achermann and Borbely, 2003). Schematic presentation of the model is presented in figure 1.1.4.

## Spontaneous sleep-wake cycle



## Prolonged waking/sleep deprivation



**Fig. 1.1.4. Circadian (C) and homeostatic (S) sleep-wake regulation**

The model, based on careful measurements of the dynamics of sleep SWA, initially predicted that primarily the duration of prior wakefulness regulates SWA. Recent findings have, however, shown that also the quality of waking is an important factor (Huber et al., 2007; Franken, 2007). Experimental evidence also shows that the regulation of the duration and intensity of sleep can be uncoupled (Tobler and Borbely, 1990; Franken et al., 1991; Cirelli et al., 2005).

Until recently, direct measurements of the build-up of sleep pressure during waking (such as SWA during sleep) could not be performed due to the lack of reliable (EEG) marker. Now it has been shown that waking EEG theta (5-9 Hz) activity, recorded during quiet or immobile waking, could be used as an EEG marker of homeostatic sleep pressure. Theta increases gradually during prolonged waking and was shown to correlate positively with the homeostatic increase of sleep SWA (Finelli et al., 2000; Vyazovskiy and Tobler, 2005).

The molecular mechanisms of circadian rhythmicity in the suprachiasmatic nucleus (SCN), which is the brain's master clock, are fairly well understood (Moore, 2007), while the link between the SCN and the sleep-wake regulating systems is less clear. Direct and indirect anatomical connections between the SCN and the VLPO, and between SCN and the BF, have been found, and suggested to play a role in linking the sleep-wake regulating brain areas to the

circadian system (Saper et al., 2005;Bina et al., 1993). Less is known about the cellular mechanisms underlying the homeostatic sleep regulation. One of the predictions of the two-process model was that accumulation of endogenous sleep-inducing factors during wakefulness and their depletion during sleep would underlie homeostatic sleep regulation (Borbely and Tobler, 1989). At present, several endogenous factors which regulate sleep have been identified (Obal, Jr. and Krueger, 2003;McCarley, 2007;Stenberg, 2007).

A hypothesis by Benington and Heller advanced the idea of sleep factors by stating that the accumulation of sleep pressure during waking is due to the depletion of brain energy stores, and more specifically glycogen (Benington and Heller, 1995). They suggested that adenosine (a by-product of ATP breakdown) is the mediating factor, which accumulates during wakefulness, coupling energy shortage to sleep induction. During SWS brain glycogen levels would be replenished, and thus the function of sleep and its regulation would be tightly coupled to brain energy metabolism. More recently, a hypothesis by Tononi and Cirelli (Tononi and Cirelli, 2006) has suggested that the underlying mechanism of SWS homeostasis is the continuous increase in synaptic strength during wakefulness and synaptic downscaling during sleep SWA. As synaptic activity and particularly plastic changes (including structural reorganization) in the brain are energy consuming (Attwell and Gibb, 2005), it is reasonable to assume that neurons have a larger need for metabolic substances and that they consume more energy during wakefulness than during sleep.

### **1.1.5. Age-related changes in sleep-wake architecture**

Healthy aging is associated with changes in both circadian and homeostatic aspects of sleep. Most of these changes appear already in the middle-ages (Carrier et al., 2001) and likely represent the effects of the intrinsic aging process, rather than being secondary to age-related pathologies. Age-related alterations include: advanced sleep phase, increased sleep latency, decreased total sleep time, reduced SWS intensity, sleep fragmentation, daytime sleepiness, increased napping and reduced homeostatic sleep response to sleep deprivation (reviewed in Miles and Dement, 1980;Bliwise, 1993;Ohayon et al., 2004;Ancoli-Israel and Martin, 2006). These changes present a challenge to our understanding of the neurobiology of vigilance state regulation, but at the same time provide an inviting model to study the basic mechanisms of sleep-wake regulation. It is important to note that the age-related changes may not be just

impairments of the mechanisms, as they are found in the young, but rather reflect the adaptation of the brain to altered biological requirements.

The mechanisms underlying the age-related changes are not well known but they may result from alterations in homeostatic and/or circadian processes. The circadian amplitude of the sleep-wake rhythm is reduced in the aged (Rosenberg et al., 1979; Stone, 1989; van Gool and Mirmiran, 1983) and probably reflects the overall reduction in the circadian function as evidenced by reduced amplitude of core body temperature and melatonin, as well as the circadian modulation of sleep spindles (for reviews see Dijk et al., 2000; Cajochen et al., 2006). It has been proposed that an age-related decrement in the SCN could weaken the circadian arousal signal opposing the homeostatic sleep drive, thus leading to increased sleepiness during waking (Cajochen et al., 2006; Palomba et al., 2008). Some evidence also suggests that increased activation of the cholinergic LDT/PPT (Bassant and Poindessous-Jazat, 2002) during sleep or impaired sleep promotion by the VLPO (Saper et al., 2005) contribute to age-related changes in sleep-wake regulation.

A large body of evidence shows that the homeostatic sleep response to prolonged waking is reduced in aging (Mendelson and Bergmann, 1999a; Mendelson and Bergmann, 1999b; Mendelson and Bergmann, 2000; Shiromani et al., 2000; Gaudreau et al., 2001; Munch et al., 2004; Landolt and Borbely, 2001; Bonnet and Arand, 2007). It is evident from these studies that aged humans and animals alike respond to prolonged waking by increasing sleep SWA, but the amplitude of the increase is reduced as compared to the young. This implies that the core homeostatic mechanisms are intact, but that they operate with reduced capacity. A recent human study concluded that aging is associated with an overall reduction in the maximal capacity to produce sleep (Klerman and Dijk, 2008). Taken together this evidence suggests that both the circadian and the homeostatic mechanisms undergo age-related alterations. However, it remains to be discovered whether the age-related reduction in the homeostatic sleep response reflects a reduced sleep need/ accumulation of sleep pressure or whether the sleep need remains constant, but only the capacity to produce sleep is reduced.



## **1.2. EEG markers of sleep and arousal**

### **1.2.1. Sleep slow wave activity**

EEG activity in the delta (0.5-4 Hz) range, also referred to as slow wave activity (SWA), is routinely used as a physiological marker of SWS intensity and homeostatic sleep pressure (Rosenberg et al., 1976;Borbely et al., 1981;Borbely, 1982). SWA is defined by high amplitude, low frequency (< 4 Hz) activity recorded in the EEG. Recently it was postulated that SWA is important for synaptic homeostasis (Tononi and Cirelli, 2006). According to the hypothesis, the role of SWA is to downscale the net synaptic strength to energetically affordable baseline level. It is assumed that wakefulness is associated with a net increase in cortical synaptic strength, and in order to avoid saturation, a net decrease takes place during SWA. Furthermore, as SWA is a marker of homeostatic sleep pressure, the hypothesis states that the compensatory increase in SWA, which is normally recorded after prolonged waking, should not just depend on the duration of prior waking, but also of the quality of waking, i.e. plastic changes occurring during waking activities. Several experimental studies in recent years have accumulated evidence to support this hypothesis (Faraguna et al., 2008;Vyazovskiy et al., 2008;Huber et al., 2007;Massimini et al., 2007;Vyazovskiy et al., 2007).

It is now acknowledged that SWA is a polymorphic EEG pattern, which reflects more than one cellular phenomenon with distinct mechanisms and sites of origin (Amzica and Steriade, 1998). At least three cellular oscillations are thought to underlie EEG delta activity: cortically generated slow cortical oscillation (< 1Hz), a clock-like thalamic oscillation (1-4 Hz) and a cortical delta oscillation (1-4 Hz). The slow oscillation appears in hyperpolarized cortical cells during SWS and consists of prolonged depolarized (“up”) states associated with neuronal firing and hyperpolarized (“down”) states during which neurons are silent. It occurs synchronously in large populations of neurons and plays an essential role in grouping the other, faster brain oscillations into complex wave-sequences (Steriade, 2006).

Although sensory signals are blocked at the thalamic level during SWS, the intense spontaneous firing of cortical cells during the up-states indicates that the intracortical dialogue and the responsiveness of cortical cells is maintained or even increased during SWS (Dang-Vu et al., 2008). Neuronal oscillations, in general, may lead to transient as well as more permanent changes

in the strength of neuronal connections, and several studies now show that SWA is important for memory processing (see for example Marshall et al., 2006;Born et al., 2006). Slow oscillations also spread into other brain areas and may constitute a neuronal correlate for sleep-dependent memory processing (Molle et al., 2006;Ji and Wilson, 2007;Isomura et al., 2006). These data demonstrate that rather than being a state of quiescence with global inactivation, SWS is an active state during which the brain is engaged in internal processing.

### **1.2.2. Aging and SWA**

During aging SWA decreases and this decrease is particularly evident in the frontal areas (Blois et al., 1983;Ehlers and Kupfer, 1989;Mendelson and Bergmann, 1999b;Bliwise, 1993;Dijk et al., 1989;Landolt et al., 1996;Mourtazaev et al., 1995;Landolt and Borbely, 2001). The cellular correlates underlying the age-related changes in SWS delta are not known but the increased sensitivity of the frontal cortical areas (Raz et al., 1997;Burke and Barnes, 2006;Grill and Riddle, 2002;Uylings and de Brabander, 2002) and the basal forebrain (Sarter and Bruno, 2004;Schliebs and Arendt, 2006) to age-related morphological and functional decrements have been hypothesized to contribute to the reduced “capacity” of brain networks to produce synchronized oscillations. However, it is not known if SWA reduction reflects a reduced homeostatic sleep need.

### **1.2.3. Theta rhythm and cortical arousal**

Oscillations at a theta range are observed at many levels of neuronal organization -from single neurons to large amplitude oscillations recorded with scalp EEG electrodes. Since its first description 1939 in the rabbit (Jung and Kornmuller, 1939), theta has attracted a great deal of attention, particularly because it has been described as a neuronal correlate of numerous cognitive functions such as arousal, learning, memory, attention, information processing and plasticity (for review see (Vinogradova, 1995;Vertes et al., 2004;Buzsaki, 2005;Kahana et al., 2001). In spite of seven decades of intense investigation, no general agreement exists on the primary role or function of theta range oscillations. It is not known whether the theta range activities have a unitary function in all brain areas nor what the actual behavioral correlates of theta are (Vinogradova, 1995;Buzsaki, 2006;Mitchell et al., 2008). Nevertheless, it has been suggested that coordinated theta rhythms facilitate or gate transmission of information between different neuronal systems (Young and McNaughton, 2008).

In humans EEG theta activity is usually defined as an activity occurring in the 4-8 Hz range (IFSECN, 1974). It is most extensively studied in the frontal midline derivations, where it increases during performance of different cognitive tasks. Numerous publications link the frontal midline (FM) theta to increasing mental effort, particularly during working memory tasks (Young and McNaughton, 2008) suggesting that FM theta may reflect increased activity of the attentional systems (Sauseng et al., 2007). Another line of research has shown that EEG theta activity (when recorded during resting wakefulness/immobility) increases together with sleepiness and decreased alertness particularly in the frontal areas (Lorenzo et al., 1995;Cajochen et al., 1995;Cajochen et al., 2002;Aeschbach et al., 1997;Aeschbach et al., 1999 ;Finelli et al., 2000;Strijkstra et al., 2003). Based on these observations, waking theta was assigned “the EEG correlate of sleep pressure during waking” comparable to SWS delta, which is the correlate of sleep pressure in the sleep EEG. It is not known whether these two types of theta (the FM theta and the sleepiness related theta) are distinct phenomena or whether they both simply reflect the increased compensatory effort of the attentional system to maintain arousal during challenging situations.

In animals, theta band designation ranges from ~4-12 Hz depending on species, method of recording and location of electrodes (Winson, 1972;van Lier et al., 2003). In rodents, theta is clearly visible during active brain states such as exploratory behavior, immobile attentive waking and REM sleep (Vanderwolf, 1969;Coenen, 1975;Bland, 1986;Vanderwolf, 1988). Increases particularly in the higher theta frequencies (> 8 Hz) are recorded during active exploration (locomotion and rearing) as compared to grooming or immobility when low frequency theta dominates (Kramis et al., 1975;Kramis et al., 1975;Huber et al., 2007;Vyazovskiy and Tobler, 2005;Young and McNaughton, 2008). In line with human studies (Finelli et al., 2000), a recent rat study showed that an increase in the low frequency EEG theta during quiet wakefulness correlates positively with increased homeostatic sleep drive in the course of sleep deprivation (Vyazovskiy and Tobler, 2005).

Rodent theta is most extensively studied in the hippocampus (Bland, 1986;Buzsaki, 2005) but can also be recorded in many cortical and subcortical areas (for review see (Kahana et al., 2001). There has been controversy over whether the extra-hippocampal theta is a consequence of the activity of the local oscillators or whether it is due to passive volume conduction from the

hippocampus (Feenstra and Holsheimer, 1979;Colom et al., 1988;Talk et al., 2004). Several studies in both humans and animals now support the existence of independent theta generators (for review see Kahana et al., 2001).

#### **1.2.4. Cholinergic modulation of theta**

Neocortical and hippocampal theta rhythms are strongly modulated by acetylcholine (Vanderwolf, 1975;Vanderwolf, 1988). It is well established that the cholinergic input from the medial septum/diagonal band of Broca (MS-DBB) is important in the generation of the hippocampal theta (Winson, 1978), while the cholinergic input of the basal forebrain (BF) has been suggested to modulate the cortical theta activity (Lee et al., 2005;Jones, 2008). Results from lesions of the MS-DBB, which disrupt theta rhythms in the hippocampus, but not in the cingulate cortex, support the notion that separate pathway exists for cortical theta (Borst et al., 1987;Borst et al., 1987). MS-DBB and the BF both receive strong inputs from the ascending reticular activating system, and stimulation of these ascending pathways evokes hippocampal and cortical theta (Detari et al., 1999; Detari et al., 1997;Semba et al., 1989;McNaughton and Sedgwick, 1978;Vertes, 1982;Vinogradova et al., 1995;Vertes and Kocsis, 1997).

#### **1.2.5. Theta in aging**

Due to the diverse theta definitions used in the literature, reports on age-related changes in EEG theta activities are not concise (for review see (Rossini et al., 2007). Human resting EEG full band theta power is generally reported to increase with age whereas the task-dependent increases in the FM midline theta are reduced or absent in aged subjects (McEvoy et al., 2001;Cummins and Finnigan, 2007) (Babiloni et al., 2004). In senescence-accelerated mice the peak frequency of EEG theta during brain waking and REM sleep was lower than in the young (Colas et al., 2005). This was hypothesized to reflect the reduced cognitive performance, also reported in these mice. In old rats the peak frequency of acetylcholine-evoked hippocampal theta rhythm was decreased (Abe and Toyosawa, 1999). This could be a consequence of the age-related changes in the firing rate of septal and brainstem cholinergic neurons (Apartis et al., 2000;Bassant and Poindessous-Jazat, 2002). Treatment of rats with scopolamine (cholinergic antagonist) increased high frequency EEG activation (8-20 Hz, including theta) in young rats while the response was attenuated in old rats (Buzsaki et al., 1988a).

### **1.3. Brain energy metabolism**

#### **1.3.1. Activation coupling**

Most of the energy consumed by the brain is utilized to sustain neuronal activity (Attwell and Laughlin, 2001). Arising from the early studies of Sherrington (Roy and Sherrington, 1890), the basic principle of brain energy metabolism states that the brain metabolic responses are spatially and temporally coupled to neuronal activity. Subsequent experimental studies have shown that local energy consumption increases with increased neuronal activity and decreases with decreased activity (Sokoloff, 1977; Clarke D.D. and Sokoloff L., 1994), the strongest association being to excitatory glutamatergic neurotransmission (Attwell and Gibb, 2005). This is why the fast availability of glucose and adenosine triphosphate (ATP) are essential for proper brain function.

Glucose is transported directly from the blood or derived from glycogen stores located mostly in the astrocytes. Free energy, liberated during glucose combustion (glycolysis and tricarboxylic acid (TCA) cycle), is trapped in high-energy phosphate bonds of ATP (electron transport and oxidative phosphorylation in mitochondria). Hydrolysis of ATP into adenosine monophosphate (AMP) via adenosine diphosphate (ADP) is the main source of cellular energy. The concentrations of ATP and AMP are carefully regulated to favor ATP hydrolysis, and even a small decrease in ATP will lead to a relatively high increase in AMP. The concentration of AMP is in turn coupled to several cellular pathways evolved to preserve the cellular energy charge (AMP: ATP ratio). When neuronal activity exceeds the ability of the circulating blood to provide enough glucose for activated neurons: 1) supplemental energy substrates are mobilized, 2) energy consuming processes are inhibited and 3) energy restorative processes are activated.

#### **1.3.2. Lactate and brain activation**

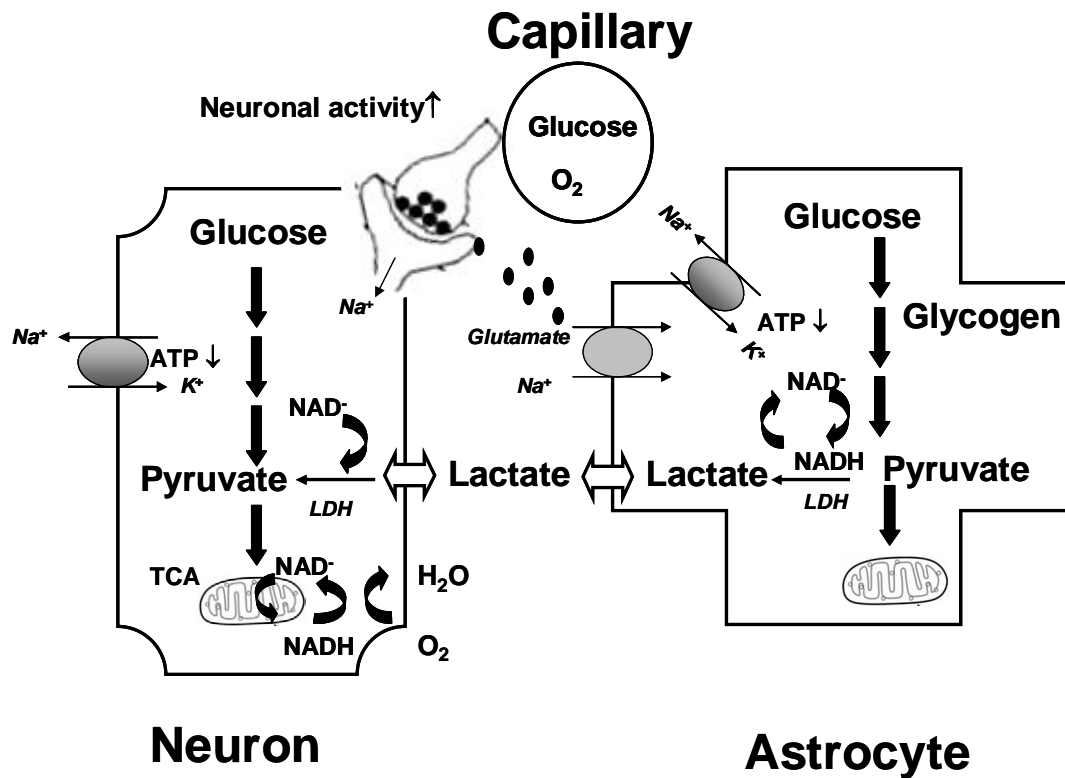
Under normal conditions energy is derived from oxidation of glucose beginning with glycolysis and ending with oxidative phosphorylation. Traditionally these two processes were viewed to be strictly coupled with glycolysis providing the necessary substrate (pyruvate) for oxidative phosphorylation. In the brain, however, it was noticed that during neuronal activation excess glycolysis takes place even in the presence of adequate oxygen supply (Raichle et al., 1970; Fox and Raichle, 1986; Fox et al., 1988; Raichle and Mintun, 2006) and that these glycolytic bursts

lead to production of lactate in astrocytes (Pellerin and Magistretti, 1994; Sibson et al., 1998). These findings contrasted the old and widely accepted dogma that lactate production is harmful and only occurs during anaerobic glycolysis. A reassessment of the old literature and new experimental evidence accumulated over the past decades indicated that lactate is used as an oxidative energy substrate in the brain (for review see Gladden, 2004 and Schurr, 2006).

A model known as the astrocyte-neuron lactate shuttle hypothesis (ANLSH) formulated by Magistretti and Pellerin in 1994 (Pellerin and Magistretti, 1994) and refined in (Pellerin et al., 2007) proposed that during increased glutamatergic activity, it is the glycolytic production of lactate in astrocytes, which provides the additional energy needed to fuel increased neuronal activation (for detailed description see figure 1.3.2). Since the introduction of the ANLSH there has been a virtual explosion of publications on the topic, many supporting its basic assumptions. However, as it challenged the old dogma of glucose being the sole energy substrate for the brain, it was not accepted without controversy (against: Chih et al., 2001; Hertz, 2004; Chih and Roberts Jr, 2003; Korf, 2006 for : Schurr, 2006; Pellerin et al., 2007) and the question of whether lactate or glucose is the sole energy substrate of the brain was fiercely argued (for discussions of the debate see Pellerin et al., 2007 and Gladden, 2004). Notwithstanding the specific details of lactate production and its relative significance, it is clear from experimental studies performed by different methods that brain activation leads to lactate production in both animals and humans (Kuhr and Korf, 1988; Hu and Wilson, 1997; Ros et al., 2006; Caesar et al., 2008; Prichard et al., 1991; Sappey-Marini et al., 1992; Urrila et al., 2003).

A work by Kasischke and colleagues (Kasischke et al., 2004), performed by two-photon fluorescence imaging of NADH upon neuronal activation, demonstrated a clear spatial and temporal segregation of neuronal oxidative energy metabolism and of astrocytic aerobic glycolysis. This finding together with the work of Hu and Wilson, 1997 and Mangia et al., 2003 show that upon activation, extracellular lactate levels initially decrease due to increased neuronal demand of oxidative energy substrates and that this decrease is later followed by a substantial overshoot of extracellular lactate due to astrocytic glycolysis. As most *in vivo* studies have low temporal resolution, they most likely reveal only the late lactate overshoot (Pellerin and Magistretti, 2004). However, the work by Kasischke and colleagues drove Pellerin and Magistretti to revise the original ANLSH (Pellerin et al., 2007), and it is now clear that the

original notion of glutamate uptake being the only signal for coupling neuronal activity to glucose consumption is not the whole truth. It is likely that neuronal ionic movement is the initial signal, which induces the increase in neuronal oxidative metabolism (extracellular lactate decrease) followed by elevation in astrocytic glucose consumption (extracellular lactate increase) (Schurr, 2006). Furthermore, a recent *in vivo* microdialysis study demonstrated that an activity-dependent lactate increase in the rat cerebellum occurs independently of glutamate uptake but is dependent on glutamate receptor AMPA activation (Caesar et al., 2008), clearly indicating that post-synaptic activation of the lactate response is possible (Kasischke, 2008).



**Fig. 1.3.2. Mechanisms of activity dependent lactate production according to ANLSH (adapted from (Pellerin et al., 2007)).**

1. Neuronal activity first leads to considerable energy expenditure in the postsynaptic neuron due to re-establishment of ionic gradients by  $\text{Na}^+/\text{K}^+$  ATPase. As a consequence, oxidative phosphorylation is activated and leads to the early decrease in the mitochondrial  $\text{NADH}$  levels. Subsequent enhancement of the tricarboxylic acid (TCA) cycle re-produces  $\text{NADH}$  for oxidative phosphorylation and supports enhanced ATP production. Increased pyruvate utilization by the TCA leads to decreases in cytoplasmic pyruvate making the conditions favorable for enhanced glucose and lactate use, and causes the early dip

measured in extracellular lactate levels. It is thought that neuronal lactate dehydrogenase (LDH) favors the formation of pyruvate from lactate.

**2.** Uptake of glutamate into astrocytes via  $\text{Na}^+$ -dependent glutamate transporters activates  $\text{Na}^+/\text{K}^+$  ATPase and conversion of glutamate into glutamine. Both processes are energy demanding and stimulate glucose uptake and lactate production. Lactate is formed from pyruvate in a reaction catalyzed by lactate dehydrogenase (LDH) with concomitant regeneration of nicotinamide adenine dinucleotide ( $\text{NAD}^+$ ) from NADH. Lactate is moved into extracellular space along its concentration gradient by monocarboxylate transporters (MCTs). Increases in extracellular lactate during glutamatergic stimulation constitute the late and tonic phase of the lactate response.

**3.** Lactate is transported from the extracellular space into neurons where it is transformed back to pyruvate by LDH and used as an oxidative energy fuel in neurons. Lactate production in the late phase replenishes the extracellular pool and helps to sustain neuronal energy needs as activation persists. Upon strong and long lasting stimulation glycogen stores are mobilized to support continuous lactate production.

### **1.3.3. Lactate from glycogen stores**

Upon strong and long-lasting stimulation or during hypoglycemia, when blood-derived glucose availability decreases, astrocytic glycogen stores almost exclusively provide the necessary energy for activated neurons (Brown and Ransom, 2007). In such situations, lactate derived from glycogen is the predominant pathway for energy production. Neurotransmitters other than glutamate and neuromodulators such as adenosine, ATP and nitric oxide also enhance glycogenolysis i.e. lactate production in astrocytes and its utilization by neurons (Sorg and Magistretti, 1991; Sorg et al., 1995; Almeida et al., 2004; Uehara et al., 2008).

### **1.3.4. Adenosine couples energy shortage to neuronal inhibition**

Adenosine is a neuromodulator which couples energy shortage to neuronal inhibition, sleep induction and neuroprotection (Dunwiddie and Masino, 2001; Latini and Pedata, 2001; Basheer et al., 2004; Porkka-Heiskanen et al., 2002). It is formed from ATP, both intra- and extracellularly in a reaction catalyzed by a chain of nucleotidases, the rate-limiting step being the conversion of AMP into adenosine by 5' -nucleotidases. Effects of adenosine are mediated extracellularly via membrane bound receptors. Extracellular adenosine concentration in the brain increases in an activity-dependent manner and in situations when ATP demand exceeds production.

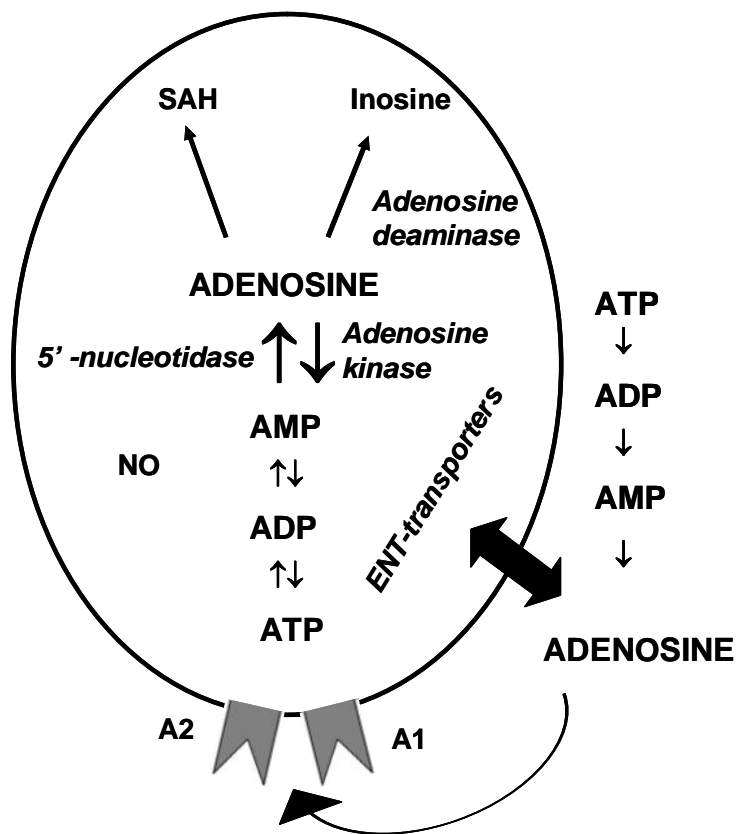


There are four subtypes of G-protein coupled adenosine receptors ( $A_1$ ,  $A_{2A}$ ,  $A_{2B}$ ,  $A_3$ ), of which the  $A_1$ - and  $A_{2A}$  have been widely studied and the most likely candidates for mediating sleep induction (Haas and Selbach, 2000;Fredholm et al., 2005a;Stenberg, 2007). Stimulation of pre-synaptic  $A_1$  receptors inhibits the release of all classical neurotransmitters; the most prominent inhibitory actions generally reported at glutamatergic synapses (Dunwiddie and Hoffer, 1980;Kocsis et al., 1984;Rebola et al., 2005). Postsynaptic  $A_1$  receptor stimulation inhibits calcium influxes, NMDA receptors and potassium currents, and thus favors membrane hyperpolarization. Recent data also suggest a role for the extrasynaptic  $A_1$  receptors in regulating energy metabolism and glial function (Haberg et al., 2000;Dare et al., 2007).  $A_1$ -receptor-mediated effects on intracellular calcium signaling and transcription factor activation have also been demonstrated (Basheer et al., 2001;Ramesh et al., 2007;Basheer et al., 2002). Less is known about the functions of  $A_{2A}$ -receptors, but in some areas  $A_{2A}$ -receptors enhance neurotransmitter release and modulate extracellular adenosine concentration (Pinto-Duarte et al., 2005;Sebastiao and Ribeiro, 1996;Fredholm et al., 2005b). It is generally assumed that at basal extracellular adenosine concentrations both high-affinity adenosine receptors ( $A_1$ ,  $A_{2A}$ ) are tonically active.

Extracellular adenosine levels are governed primarily by two mechanisms: 1) conversion of extracellular ATP into adenosine and 2) facilitated diffusion of adenosine between intra- and extracellular space via equilibrative nucleoside transporters (ENTs). The question of whether intra- or extracellular ATP breakdown is the main source of increased extracellular adenosine is still under debate (Cunha, 2008). Formation of adenosine in the extracellular space is based on observation that most cells release ATP and are endowed with ecto-nucleotidases (Fields and Burnstock, 2006;Zimmermann, 2000). Adenosine can also be transported into the extracellular space. Under normal conditions intracellular adenosine concentrations are low due to the relatively high adenosine kinase activity; therefore the net flux of adenosine is inwardly directed. An outward flux of adenosine into the extracellular space via ENTs is usually initiated when ATP demand exceeds production. Because intracellular ATP concentrations are extremely high, a 1% conversion of ATP to adenosine would result in a 100-fold intracellular adenosine increase, and if the intracellular adenosine level exceeds the extracellular level then corresponding outward flux via ENTs occurs. Also nitric oxide has been shown to increase extracellular adenosine levels (Rosenberg et al., 2000). The exact mechanisms of NO-mediated increase in extracellular

adenosine are not known but it may be due to inhibition of adenosine kinase and/or oxidative energy production.

Clearance of extracellular adenosine occurs mainly through ENTs when intracellular levels decrease. The main metabolic pathways contributing for clearance of adenosine are the formation of AMP by adenosine kinase and the irreversible breakdown to inosine by adenosine deaminase. Adenosine kinase is enriched in neurons while adenosine deaminase is abundant in astrocytes. The third enzyme, S-adenosyl-homocysteine hydrolase (SAHH) converts adenosine to S-adenosyl-homocysteine, but this pathway may not be of significance in the brain. Schematic presentation of the main intra- and extracellular pathways for adenosine formation, transport and receptor action is shown in figure 1.3.4.



**Fig. 1.3.4. Schematic presentation of the main intra-and extracellular pathways for adenosine formation, transport and receptor action.**

### 1.3.5. AMP-activated protein kinase –the cellular energy fuse

The AMP-activated protein kinase (AMPK) is an ubiquitous metabolic enzyme present in almost all cells and organisms (reviewed in Kahn et al., 2005; Hardie et al., 2006; Carling, 2007). When activated by increases in cellular AMP it promotes energy restoration and inhibits energy consumption. AMPK exists as a heterodimer of catalytic  $\alpha$  subunits and regulatory  $\beta$ - and  $\gamma$  subunits. It is activated by phosphorylation via upstream kinases LKB1 or calmodulin-dependent kinase kinase (CaMKK $\beta$ ) at threonine 172 (T172) of its  $\alpha$  subunits. The phosphorylated form of AMPK can be detected by specific antibodies and this method has been widely utilized to measure AMPK activation. In the brain AMPK is activated by changes in the cellular energy charge (AMP:ATP ratio), metabolic stress or neuronal-activity mediated rise in intracellular  $\text{Ca}^{2+}$  (Kuramoto et al., 2007). Schematic presentation of the AMPK activation is presented in figure 1.3.5.

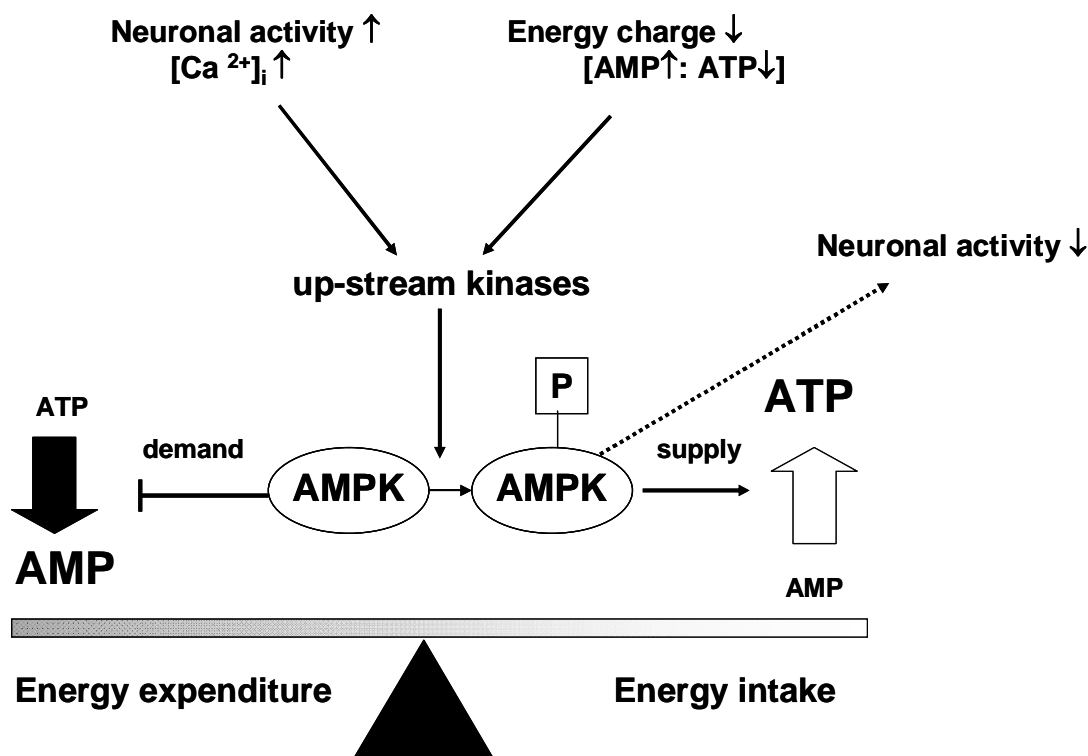


Fig. 1.3.5. AMPK as the cellular energy fuse.

### **1.3.6. Nitric oxide inhibition of oxidative energy metabolism**

Nitric oxide (NO) is a gaseous signaling molecule involved in several cellular functions including neurotransmission, regulation of blood flow and immune response (reviewed in (Guix et al., 2005; Calabrese et al., 2007; Garthwaite, 2008)). It is generated from L-arginine in a reaction catalyzed by a family of NO synthases (NOS), namely neuronal - (nNOS), endothelial- (eNOS) and the inducible NOS (iNOS) (Alderton et al., 2001). Of these, nNOS and eNOS are constitutively expressed in the brain, while iNOS is induced during challenges such as immunological response, immobilization stress or sleep deprivation (Murphy, 2000; Madrigal et al., 2001; Kalinchuk et al., 2006a) and can generate considerable amounts of NO. NO has prominent inhibitory effects on mitochondrial energy production. These effects are reversible or irreversible, depending on NO concentration.

NO binds to soluble guanylyl cyclase and to the mitochondrial enzyme cytochrome *c* oxidase. NO interacts with guanylyl cyclase to increase cyclic guanylyl monophosphate (cGMP) concentrations, thus affecting intracellular signaling cascades. The binding of NO to cytochrome *c* oxidase decreases its affinity to oxygen, leading to impaired ATP production. In addition, and particularly in pathological situations, NO inhibits almost all components of the mitochondrial energy production machinery (Cooper, 2003; Palacios-Callender et al., 2007; Moncada and Bolanos, 2006).

However, there are differences in the sensitivity of different cell types to NO-mediated inhibition of cellular respiration. In both astrocytes and neurons, NO incubation profoundly decreases oxygen consumption, but in astrocytes NO also enhances glycolysis (Almeida et al., 2001). The activation of glycolysis by NO is cGMP dependent and requires prior inhibition of mitochondrial respiration. The decreased cellular energy charge activates AMPK and leads to enhancement of glycolysis as demonstrated by activation of 6-phosphofructokinase-1-kinase (PFK1), a key rate limiting step of the glycolytic pathway (Almeida et al., 2004). This response is suggested to have a neuroprotective role (Bolanos et al., 2008).

NO is thermodynamically unstable, which leads to spontaneous reactions with other molecules. For example, oxidation, nitrosylation or nitration of proteins has been reported (Davis et al.,

2001). When NO is produced in excess, such as during pathological insults or inflammation, it forms toxic compounds belonging to a family known as “reactive nitrogen species” (RNS), which cause cellular damage and nitrosative stress. Increased production of NO and inability to reduce the production of RNS is thought to underlie the pathogenesis of neurodegenerative diseases and may also be a factor in healthy brain aging (Bolanos et al., 2004;Guix et al., 2005;Nakamura et al., 2007).

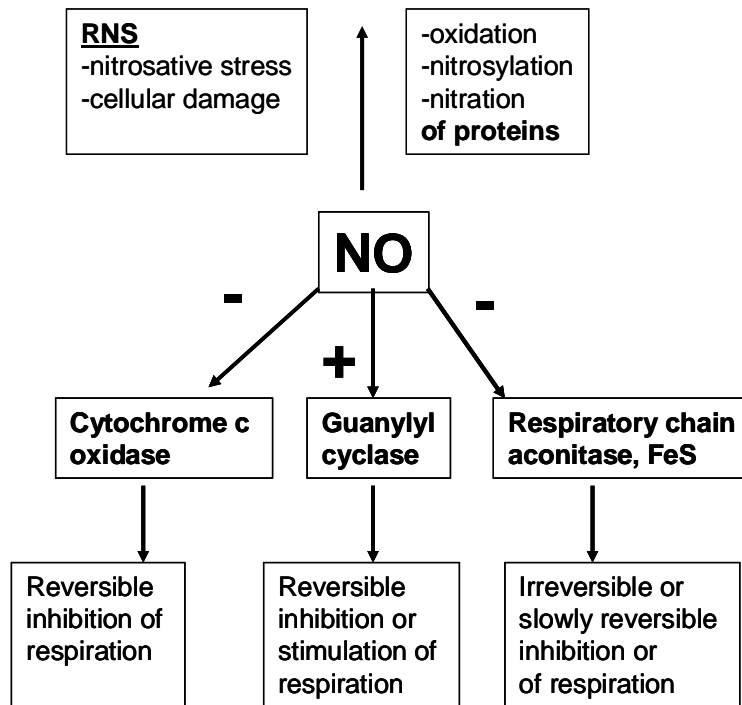


Fig. 1.3.6. NO inhibition of energy metabolism

### **1.3.7. Metabolic changes in brain aging**

Generally with aging, decreases in brain energy metabolism are reported (Hoyer, 1985;Petit-Taboue et al., 1998;Hoyer et al., 2004;Leenders et al., 1990;Toescu and Xiong, 2004). There is, however, no global pattern of decrease (Moeller et al., 1996) and the age-related changes are often subtle and site-specific: the frontal cortical (Raz et al., 1997;Martin et al., 1991), hippocampal (Navarro et al., 2008) and cholinergic basal forebrain (Sarter and Bruno, 2004) areas being most susceptible to age-related alterations.

At a cellular level, the most influential theories used to describe brain aging are the “free radical theory of aging” (Harman, 1956;Harman, 2006;Beckman and Ames, 1998) and “the mitochondrial theory of aging”. (Miquel, 1998), both of which place mitochondrial dysfunction as the main cause of age-related metabolic and functional alterations (Melov, 2004;Navarro and Boveris, 2007). “The nitric oxide theory of aging” represents the same line of thinking and states that excessive production of particularly NO is relevant to age-related impairments (McCann et al., 2005). Nevertheless, the cause of brain aging is far from being understood.

Mitochondrial dysfunction increases levels of reactive oxygen species (ROS), impairs intracellular calcium homeostasis and leads to problems in ATP production. Selective age-related decreases of the brain mitochondrial electron transport chain are thought to render the aged brain mitochondria unable to respond to an increased ATP demand (Joo et al., 1999;Toescu, 2005;Navarro and Boveris, 2007). Terms such as decreased homeostatic reserve (Toescu, 2005) or increased allostatic load (McEwen, 2000) have been used to describe the aged neurons. They seem to be able to maintain adequate function during normal activity but are unable to cope with increased metabolic demand, excitatory activation or cellular stress.

Whereas age-related changes in neuronal function have been studied excessively, much less is known about corresponding functional changes in astrocytes (Cotrina and Nedergaard, 2002). Most recent studies report reduced neuroprotection by aged astrocytes (Garcia-Matas et al., 2008). Proteomic studies also show changes in enzymes related to glycolytic production of energy, such as an age-related increase in lactate dehydrogenase expression (Poon et al., 2006; Pawlyk et al., 2007).

## **1.4. Sleep and brain energy metabolism**

### **1.4.1. Brain energy metabolism across vigilance states**

In general, states with increased cortical arousal (waking and REM sleep) are associated with a high metabolic rate, while SWS is associated with a marked reduction of the whole brain's energy status. Human studies show consistent results with various parameters: glucose utilization, oxygen consumption and cerebral blood flow during the normal sleep-wake cycle (Buchsbbaum et al., 1989; Madsen et al., 1991; Maquet et al., 1990). In animals, glucose (Kennedy et al., 1982; Ramm and Frost, 1986; Netchiporouk et al., 2001), ATP (Reich et al., 1972) and glycogen (Karnovsky et al., 1983) have been reported to decrease during wakefulness as compared to SWS, whereas levels of adenosine and lactate increase (Porkka-Heiskanen et al., 1997; Richter and Dawson, 1948; Reich et al., 1972; Shram et al., 2002; Kalinchuk et al., 2003).

However, these metabolic variations are not uniform across brain areas. The regional blood flow and metabolic rate are lowest in the frontal areas during SWS and positively correlate with EEG SWA increase (Buchsbbaum et al., 1989; Maquet et al., 1990; Braun et al., 1997; Hofle et al., 1997; Dang-Vu et al., 2005). The frontal areas, as well as the cholinergic basal forebrain, are also more likely to show signs of increased metabolic load and sleep pressure early in the course of sleep deprivation (Finelli et al., 2000; Cajochen et al., 1999; Tinguely et al., 2006; Drummond et al., 2000; Urrila et al., 2004; Porkka-Heiskanen et al., 1997; Kalinchuk et al., 2003). These data suggest that regions which exhibit the highest relative activity during wakefulness are also more sensitive to the effects of sleep deprivation and demonstrate that both brain energy metabolism and sleep are regulated in a use-dependent manner.

### **1.4.2. Glycogen and sleep**

After the initial formulation of the hypothesis by Benington and Heller, which states that replenishment of brain glycogen stores is the function of sleep, several studies have been performed to test the hypothesis by directly measuring brain glycogen during sleep and wakefulness, but with confusing results. Some studies found decreases in glycogen or changes in glycogen metabolizing enzymes in brain samples collected after prolonged waking while others

did not (reviewed in Scharf et al., 2008). Changes in glycogen levels seem to be brain-site specific, dependent on strain of animals and the sleep deprivation protocol used. This is not surprising when taking into account that brain energy metabolism is tightly coupled to activation and that brain areas have unique activation patterns related to specific behaviors.

### **1.4.3. Adenosine and sleep**

Several lines of converging evidence now support the role of adenosine as the most important endogenous sleep factor both in humans and animals. Animal studies have demonstrated that extracellular adenosine and its metabolizing enzymes have a diurnal rhythm (Porkka-Heiskanen et al., 2000;Huston et al., 1996;Murillo-Rodriguez et al., 2004;Chagoya, V et al., 1993; Mackiewicz et al., 2003;Alanko et al., 2003a) and that systemic or local administrations of adenosine or its receptor agonists increase sleep and EEG slow wave activity (Feldberg and Sherwood, 1954;Haulica et al., 1973;Radulovacki, 1985;Benington et al., 1995;Ticho and Radulovacki, 1991;Satoh et al., 1996;Schwierin et al., 1996;Portas et al., 1997;Porkka-Heiskanen et al., 1997;Porkka-Heiskanen et al., 2000).

The most detailed description and compelling evidence for adenosine's role as a homeostatic sleep factor came from studies of the cholinergic basal forebrain during prolonged waking (Porkka-Heiskanen et al., 1997;Porkka-Heiskanen et al., 2002;McCarley, 2007). In contrast to other brain areas (Porkka-Heiskanen et al., 2000), increases in extracellular adenosine levels in the BF are very sensitive to even short periods of prolonged waking; adenosine levels continue to rise throughout the waking period, and do not decline until sleep is initiated. Furthermore, the sleep-inducing effect of adenosine is most efficient when adenosine or its agonists are applied locally into the BF, and the compensatory sleep response to sleep deprivation is significantly reduced when the increase in adenosine or A<sub>1</sub>- receptor activation is blocked (Kalinchuk et al., 2006a;Thakkar et al., 2003a;Kalinchuk et al., 2008).

As the BF is essential for wake-promotion, the sleep-inducing effect is thought to be mediated via inhibition of the wake active BF cells (Alam et al., 1999;Thakkar et al., 2003b;Arrigoni et al., 2006). In the adjacent VLPO, adenosine excites or disinhibits the sleep promoting neurons (Chamberlin et al., 2003;Morairty et al., 2004;Gallopini et al., 2005;Methippara et al., 2005) thus further enhancing the probability of sleep. In the leptomeningeal area surrounding the BF, the



somnogenic effect of prostaglandin D2 was shown to be mediated via adenosine and A<sub>2A</sub> – receptors (Sato et al., 1996;Huang et al., 2007). Adenosine may also act by reducing the orexinergic and histaminergic tone during wakefulness (Thakkar et al., 2002;Thakkar et al., 2008;Hong et al., 2005). Finally, adenosine contributes to disfacilitation in the cortex by reducing the activating input of arousal systems (cholinergic, monoaminergic) and thus making the conditions favorable for SWA (Timofeev et al., 2001;Steriade and McCarley, 2005).

In humans, functional polymorphism in the adenosine deaminase (ADA) gene contributes to the high inter-individual variation in SWS duration and intensity (Reitey et al., 2005). Individuals carrying an allele that reduces ADA activity, leading to increased adenosine levels, have longer and deeper SWS episodes. During sleep deprivation A<sub>1</sub> –receptor binding increases in human brain (Elmenhorst et al., 2007). Another line of evidence supporting adenosine’s role as a mediator of sleep pressure comes from caffeine –a competitive A<sub>1</sub>- and A<sub>2A</sub> –receptor antagonist and the most widely used stimulant in the world (Fredholm et al., 2005b). Caffeine reduces the build-up of sleepiness-related increase in the waking EEG theta activity, it increases sleep latency and reduces SWS intensity (Landolt et al., 2004;Landolt et al., 1995;Schwilerin et al., 1996) thus mimicking the changes in the sleep EEG that are known to be associated with reduced homeostatic sleep pressure (Landolt, 2008). Studies on knock-out mice suggest that the wake-promoting effect of caffeine is mediated via the A<sub>2A</sub> –receptors (Huang et al., 2005) and in humans distinct A<sub>2A</sub>-receptor gene polymorphism modulates individual caffeine sensitivity (Reitey et al., 2007). Caffeine sensitive individuals also seem to be more prone to attentional impairments during sleep deprivation.

#### **1.4.4. Nitric oxide and sleep**

Several studies demonstrate that also NO is involved in sleep-wake regulation (Gautier-Sauvigne et al., 2005). Brain NO levels fluctuate in a state-dependent manner (Burlet and Cespuglio, 1997;Vincent et al., 1998) and systemic administration of NOS inhibitors have been shown to decrease sleep (Kapas et al., 1994;Dzolfic et al., 1996;Monti et al., 1999; Monti et al., 2001;Ribeiro et al., 2000;Ribeiro and Kapas, 2005;Cavas and Navarro, 2006) whilst NO donors increase sleep (Kapas and Krueger, 1996;Monti and Jantos, 2004a). Knock-out mice with inactive nNOS or iNOS were reported to have less REM sleep (Chen et al., 2003).

Manipulating NO levels locally in different brain areas during the spontaneous sleep wake cycle, however, has provided somewhat confusing results. Inhibition of NO synthesis in the cholinergic LDT/PPT area and in the noradrenergic raphe nuclei decreased sleep or decreased only REM sleep (Datta et al., 1997;Leonard and Lydic, 1995;Hars, 1999;Monti et al., 1999;Monti et al., 2001). Decreasing the level of NO in the basal forebrain decreased SWS and increased waking (Monti and Jantos, 2004b) but had no effect in another study (Vazquez et al., 2002). No effect was found when the NO level was increased (Monti and Jantos, 2004b).

Recent studies investigating the role of NO in homeostatic sleep regulation revealed a specific mechanism by which NO is involved in the generation of sleep pressure. It was found that NO enhances adenosine release in the BF during sleep deprivation (Kalinchuk et al., 2006a;Kalinchuk et al., 2006b;Kostin et al., 2008). Similar to adenosine, NO levels were found to increase site-specifically in the BF during SD. Blocking of NO synthesis reduced both adenosine release and the subsequent recovery sleep response, while an infusion of a NO donor stimulated adenosine release and promoted sleep (Kalinchuk et al., 2006a). Surprisingly, it was found that NO release during SD is mediated by the activation of the inducible NOS, the transcriptionally regulated isoform which is not normally present in the brain tissue. Based on this finding, it was suggested that iNOS-mediated NO production is one of the key mechanisms that leads to adenosine release in the BF during prolonged waking and thus contributes to the homeostatic increase in SWS during recovery sleep.

## **1.5. Basal forebrain and sleep-wake regulation**

### **1.5.1. BF regulation of cortical arousal**

The BF is a heterogeneous brain region located close to the preoptic and supraoptic areas of the hypothalamus. The definition of the BF nuclei differs in the literature but usually includes the horizontal diagonal band (HDB), substantia innominata (SI), magnocellular preoptic nucleus (MCPO), medial septum (MS), vertical limb of the diagonal band (VDB) and the nucleus basalis magnocellularis (NBM) The BF nuclei contain cortically projecting cholinergic, GABAergic and glutamatergic cells that are essential in the regulation of cortical arousal and attention (Mesulam et al., 1983;Szymusiak, 1995;Szymusiak et al., 2000;Semba, 2000;Jones, 2004;Gritti et al., 2006;Jones, 2008;Parikh and Sarter, 2008). In addition, the cholinergic cells have been implicated in cortical plasticity (Hasselmo, 2006;Hasselmo and Giocomo, 2006).

Cells in the BF have wide projections to the cortex with particularly dense input to the prefrontal cortex and also provide the main cholinergic input to the cortical mantle (Henny and Jones, 2008). In rodents the primary source of neocortical cholinergic inputs stems from the HDB as well as the ventral NBM and SI (Mesulam et al., 1983;Armstrong et al., 1983;Luiten et al., 1987). BF cells also contact the reticular thalamic nucleus, amygdala, hypothalamus, hippocampus and the brainstem (Gritti et al., 1997;Zaborszky et al., 1999). Ascending input to the BF is received from brainstem arousal systems (Semba et al., 1988) whereas the descending input comes primarily from the prefrontal cortex (Zaborszky et al., 1997;Golmayo et al., 2003). Recordings of BF neurons have shown that most cells in the BF are active during EEG activation (wakefulness and REM sleep) and increase their firing in association with EEG theta and gamma oscillations (Detari et al., 1999;Szymusiak et al., 2000;Manns et al., 2000). Glutamatergic activation of the BF cells has been shown to increase cortical ACh release, EEG activation (theta and gamma oscillations), induce waking and suppress sleep (Lamour et al., 1986;Manfridi et al., 1999;Cape and Jones, 2000;Fournier et al., 2004) whereas inactivation of the BF or BF lesions reduce cortical arousal (Buzsaki et al., 1988b;Vanderwolf et al., 1993) and impair attentional performance (Sarter and Bruno, 1997). Activation of the BF cholinergic cells *in vitro* with the glutamate receptor agonist NMDA induced burst firing, and this mode may be the mechanism by which the BF facilitates cortical oscillations (Khateb et al., 1992;Khateb et al., 1995). Recent measurements of cortical ACh release with microelectrodes indicate that ACh acts on multiple time scales: slowly in a minute time-scale to control arousal, and transiently in a sub-second time-scale to control cue-detection (Parikh et al., 2007).

### **1.5.2. BF and aging**

As cholinergic dysfunction leads to a wide range of cognitive impairments, it has been suggested that alterations in BF function may contribute to the decline in cortical functions associated with aging (Sarter and Bruno, 2004;Schliebs and Arendt, 2006). In contrast to brain pathological states, such as Alzheimer's, healthy aging is not associated with significant loss of cholinergic neurons, but rather with morphological and functional alternations (Armstrong et al., 1993;Sarter and Bruno, 2004;Murchison and Griffith, 2007). Several studies have also shown age-related attenuation in cortical ACh release, particularly during exploratory behavior, presentation of

novel stimuli or experimental BF activation (Mitsushima et al., 1996;Giovannini et al., 1998;Fadel et al., 1999;Herzog et al., 2003).

The reason for the selective sensitivity of the BF to aging is not known. *In vitro* studies comparing responses of cholinergic neurons to nitrosative or oxidative stress have found that the BF neurons are remarkably more vulnerable to these stressors than the brainstem cholinergic neurons (Personett et al., 2000;McKinney et al., 2004;McKinney and Jacksonville, 2005). The cholinergic cells differ from other neuronal cell types by utilizing acetyl-CoA not only for energy production but also for acetylcholine synthesis, which has been suggested to reduce their capacity for energy production. Cholinergic cells appear to have higher energy demand, and a recent microarray study found that the age-dependent increase in expression of genes involved in energy production was more pronounced in the BF cholinergic population as compared to brain stem cholinergic neurons (Baskerville et al., 2008). These data implicate that even at baseline aged BF cholinergic cells may suffer from energy shortage.

### **1.5.3. BF and sleep-wake homeostasis**

The site-specific accumulation of the sleep inducing adenosine in the BF during prolonged waking and the fact that the effects of adenosine are primarily mediated via the BF provide solid evidence for the importance of the BF in homeostatic sleep regulation (reviewed in:(Porkka-Heiskanen et al., 2002;Basheer et al., 2004;McCarley, 2007). The increase in the extracellular adenosine level is accompanied by selective increases also in the extracellular levels of the energy metabolites lactate and pyruvate as well as nitric oxide (Kalinchuk et al., 2003;Kalinchuk et al., 2006a;Kalinchuk et al., 2006b). Based on this evidence it is clear that the BF is selectively sensitive to the effects of prolonged waking. It has been suggested the BF could function as “an early response center” of the sleep homeostasis coupling energy demand to sleep promotion. However, the exact cellular mechanisms explaining the increased sensitivity of the BF to SD are not known.

Increases in extracellular adenosine levels could possibly result from: 1) inhibition of enzymes that mediate adenosine breakdown (adenosine kinase, adenosine deaminase or SAH hydrolase) 2) decreased transporter activity because in baseline inward flux of adenosine dominates 3) increased extracellular formation of adenosine from ATP or 4) increased intracellular ATP

breakdown/energy shortage. Experimental evidence in rats has shown that sleep deprivation in rats does not affect the activity of adenosine kinase, ecto- and endonucleotidases or adenosine deaminase (Alanko et al., 2003a; Mackiewicz et al., 2003)

The decreased substrate binding of adenosine transporter ENT1, that was found, may contribute to increased adenosine levels, as pharmacological blocking of the ENT1 is known to increase extracellular adenosine levels (Alanko et al., 2003b). As the inhibition of extracellular AMP hydrolysis does not increase extracellular adenosine levels (Rosenberg et al., 2000), the most likely explanation of increased extracellular BF adenosine is an intracellular formation of adenosine resulting from increased ATP consumption or energy shortage.

Both neuronal activation (Modirrousta et al., 2004) and energy demand increase in the BF during prolonged waking. In favor of the hypothesis that adenosine production results from energy shortage it was demonstrated that increased BF extracellular adenosine, lactate and pyruvate levels, as well as sleep promotion, could be induced in an animal model of local energy depletion (Kalinchuk et al., 2003). Furthermore, recent findings imply that induction of the iNOS and production of NO are required for adenosine production in the BF during prolonged waking (Kalinchuk et al., 2006a). As NO is known to inhibit oxidative phosphorylation (see section 1.3.6.) it may further potentiate the decrease in the cellular energy charge by reducing ATP production and thus leading to adenosine increase. Nevertheless it is not known whether changes in the cellular energy charge take place in the BF during prolonged waking and what type of neuronal activation is needed for such effects to occur.

Recent data strongly suggest that the activity of the cholinergic BF cells plays a major role in the development of sleep pressure during prolonged waking as selective lesioning of the BF cholinergic cells with the immunotoxin saporin 1) abolishes the SD induced increase in extracellular adenosine levels (Blanco-Centurion et al., 2006), 2) attenuates waking EEG theta activity (Kaur et al., 2008), and 3) reduces the homeostatic recovery sleep response (Kalinchuk et al., 2008).

As aging is associated with cholinergic dysfunction and changes in the energy status of the BF cholinergic cells (see section 1.5.2.), the aged BF is a powerful model whose study could provide deeper insight into the cellular mechanism contributing to the generation of sleep pressure.

## **2. AIMS AND HYPOTHESES OF THE STUDY**

This thesis was aimed at further understanding the processes by which sleep pressure is generated during prolonged waking, and particularly the role played by the cholinergic basal forebrain (BF) was investigated.

### **2.1. Aims and the study system**

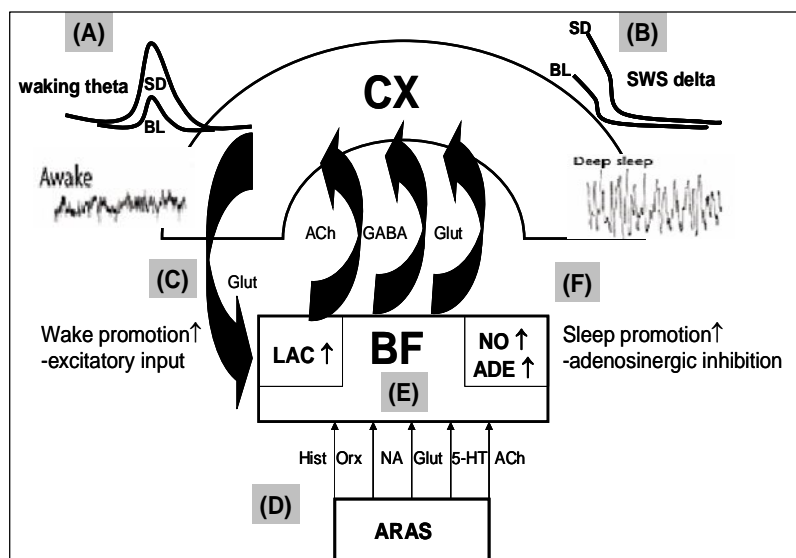
Two major questions were asked:

- Which cellular events in the BF lead to increases in extracellular adenosine and lactate levels during prolonged waking and contribute to the generation homeostatic sleep pressure?
- Could age-related alterations of the BF function during prolonged waking contribute to the age-related changes in homeostatic sleep-wake regulation?

The role of BF in sleep-wake regulation was studied simultaneously at three levels of organization:

- 1 Locally at a cellular level by measuring energy metabolites and expression of proteins in the BF.
- 2 Globally at a cortical level (the out-put area of the BF) by measuring EEG oscillations.
- 3 At a behavioral level by studying changes in vigilance states and manipulating behavior by sleep deprivation.

See figures 2.1.1 and 2.1.2 for detailed description of the study system. This system provided the framework for the working model of the present thesis.

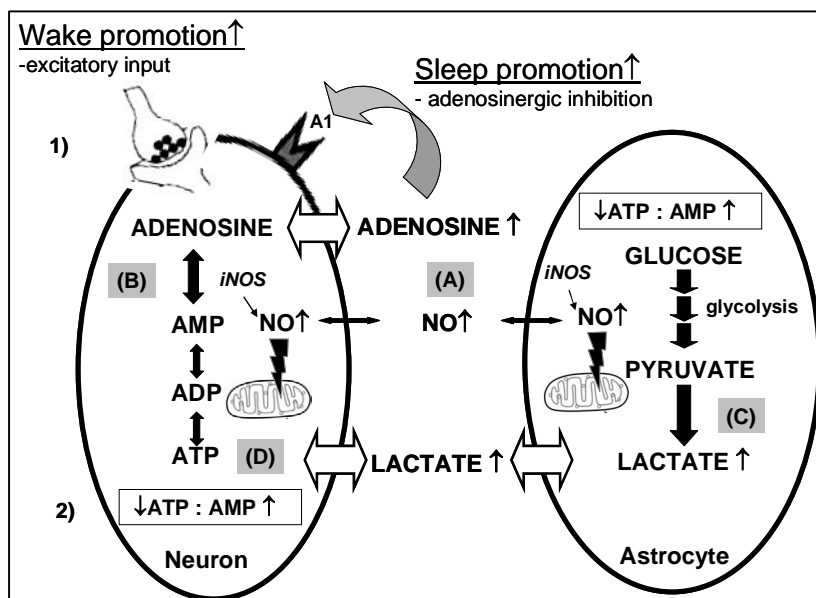


**Fig. 2.1.1. Mechanisms of BF sleep-wake regulation (global).**

**(A)** During prolonged waking/sleep deprivation (SD), EEG theta power is increased as compared to baseline (BL). **(B)** During the subsequent recovery sleep, SWS delta power is increased as compared to BL.

The cortically projecting cells in the basal forebrain (BF) are critically involved in regulation of cortical (CX) arousal: inactivation of the BF

induces sleep and SWS delta activity, while its activation promotes wakefulness and fast EEG rhythms (such as theta). **(C, D)** During prolonged waking BF is challenged by constant or increased neuronal activation by the cortex and by the ascending arousal systems (ARAS). **(E)** Extracellular nitric oxide (NO), adenosine and lactate levels increase. **(F)** Increased adenosine levels lead to increased adenosinergic inhibition of the BF and thus promotion of sleep and SWS delta. (ACh=acetylcholine, GABA=gamma-aminobutyric acid, Glut= glutamate, Hist= histamine, Orx=orexin, 5-HT=serotonin).



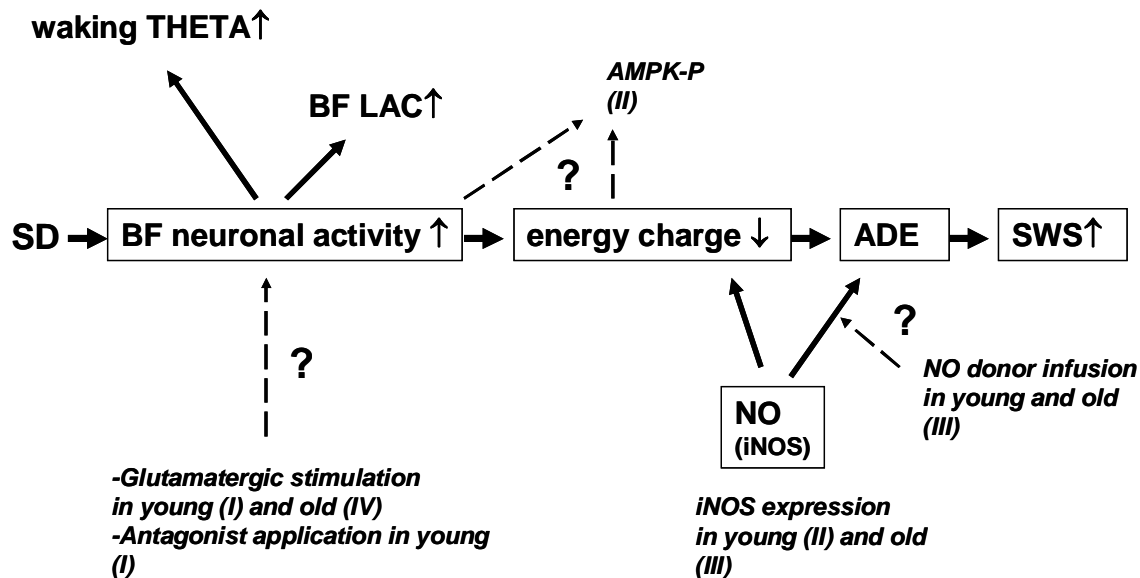
**Fig. 2.1.2. Mechanisms of BF sleep-wake regulation (local).**

**(A)** NO inhibits mitochondrial energy production. **(B)** Extracellular adenosine levels increase when the cellular energy charge (ATP ↓ AMP ↑) decreases. **(C)** Lactate release is coupled to neuronal activity. Lactate production results from glycolytic break-down of glucose, mostly in astrocytes. **(D)** Lactate is used in neurons as an energy fuel during increased neuronal activity.

One of the aims of the present thesis was to investigate whether adenosine and lactate release result from 1) increased excitatory input and/or 2) decreased cellular energy charge.

## 2.2. Working model and hypotheses

The main hypothesis and the working model are presented in figure 2.2.1.



**Figure 2.2.1. Working model:** Sleep deprivation (SD) increases neuronal activity in the BF, which increases waking EEG theta power and BF lactate release. Sustained BF neuronal activity decreases the cellular energy charge (AMP levels increase and ATP decrease). This alone or together with the neuronal activity-mediated increase in intracellular calcium activate the cellular energy sensor AMPK. The iNOS mediated NO production further inhibits ATP production and increases extracellular adenosine (ADE). Adenosinergic inhibition of the BF promotes SWS/recovery sleep. The present thesis was aimed at testing this model. The specific hypothesis and manipulations to test this model are shown in *italics*, the specific studies/original publications are referred by their Roman numerals, presented with dashed arrows and described below.

Specific hypothesis of the studies were:

- I. Similarly to SD, experimental neuronal activation of the BF would elevate extracellular adenosine and lactate levels in the BF and increase the subsequent sleep. Decreasing BF activation during SD would decrease the subsequent recovery sleep.
- II. AMPK- a marker of decreased cellular energy charge is activated in the BF during SD.
- III. In aging, NO (and adenosine) mediated sleep promotion is attenuated.
- IV. BF neuronal activity and the following lactate release are needed to sustain active waking (waking theta) during SD. In aging this mechanism is impaired.



### 3. MATERIALS AND METHODS

Details of the materials and methods are given in the original publications (I-IV).

#### 3.1. Animals

All animal procedures were approved by the University of Helsinki Ethical Committee for Animal Experiments and by the Regional Committee of the State Provincial Office and performed according to applicable national and EU legislation. All efforts were made to minimize the number of animals used and their suffering.

Three age groups of male HanWistar rats: young (Y, 3-4 months, 300-400 g) middle-aged (M, 12-14 months, 400-500 g) and old (O, 23-25 months, 500-600 g) were housed under a 12 h light/dark cycle (lights on at 8:30 AM) at constant temperature ( $+22\pm 1$  °C). Food and water were provided *ad libitum* and the animals were gradually habituated to handling at least 1 week before experimental procedures. EEG recording and *in vivo* microdialysis was used in studies I, III and IV, while in study II intact animals were decapitated following 3-6 h of prolonged waking/sleep deprivation (SD) and brains sampled for protein analysis. Rats without chronical EEG/EMG electrodes were group-housed while rats with electrodes were single-housed after surgery.

##### 3.1.1. Sleep deprivation (SD)

To increase homeostatic sleep pressure and to induce subsequent recovery sleep rats were sleep deprived. Whenever rats appeared to be sleepy or slow waves were visible in the EEG, new objects such as wooden blocks, new bedding material and stretchable strings were introduced and/or the cage was gently tapped. This method is referred to as sleep deprivation (SD) by gentle handling and it has been shown to stimulate active waking (Huber et al., 2007). In all of the studies with chronic EEG/EMG and microdialysis, rats were sleep deprived only for 3 hours (I, III, IV).

##### 3.1.2. Surgery

Under general barbiturate or ketamine anesthesia (dosages can be found in the original article) rats were placed in a stereotaxic instrument and implanted with:

- 1) Chronic epidural **EEG electrodes** (gold plated miniature dental screws) placed fronto-parietally to the skull.
- 2) Nuchal electromyogram (**EMG electrodes**) (Teflon coated thin silver wires).

-Both for the assessment of vigilance states and EEG activity.

- 3) **Microdialysis guide cannula** (CMA 11 guide, CMA/Microdialysis) for subsequent insertion of the microdialysis probe. The guide cannula was inserted unilaterally 2 mm above the basal forebrain area.

The guide cannula and the electrode connector were fixed to the skull with acrylic dental cement. After the operation animals were single-housed and allowed to recover from surgery from 1 to 2.5 weeks depending on age.

### **3.2. Recording of EEG and EMG**

Animals were connected to flexible counter-balanced cables for EEG/EMG recording and habituated to recording cables for 2-3 days. The experiments were not started until behavior and sleep-wake cycle had normalized. EEG and EMG were recorded to monitor vigilance states and EEG markers of sleep during the experiments. The EEG/EMG signal was fed to a 8-channel digital amplifier (Cyber Amp 380, Axon Instruments); amplified (gain 10 000); analogically filtered (high pass: 0.1 Hz, low pass 40 Hz), digitized at 104 Hz with a 1401 unit (CED, Cambridge Electronic Devices), monitored on-line during the experiments and stored using Spike2 software (CED) for further off-line analysis.

#### **3.2.1. Vigilance state scoring**

For monitoring of the sleep-wake behavior during the habituation period and to determine the overall amount and distribution of sleep during the experimental days, we used semi-automatic scoring to detect SWS. Semi-automatic scoring was performed with a self-made script in Spike2 in 30s epochs (described and validated in (Stenberg et al., 2003; Kalinchuk et al., 2003). The presence and distribution of REM sleep was checked manually. For manual scoring the EEG was analyzed in 4 s or 5 s epochs using Spike2 sleep scoring script Sleepscore v1.01 (CED, Ltd.). Vigilance states (wake, SWS, REM) were scored according to standard criteria. Artifacts or epochs with mixed states were marked and excluded from further analysis.

#### **3.2.2. Spectral analysis**

Mean EEG power ( $\mu V^2$ ) spectra were generated in Spike2 (CED, Ltd.) separately for consecutive wake epochs and SWS epochs (fast Fourier transform, FFT = 256, Hanning window, 0.4 Hz resolution) within a frequency range of 0.8- 25 Hz. Absolute power values were always

normalized to total power of the individual recordings before further analysis. All power values are shown as relative power: power/number of epochs used to generate spectra. Waking-theta power was calculated from the power spectra within the frequency range of 4.9-9.3 Hz, SWS delta power within the frequency range 0.8-4 Hz.

### **3.3. *In vivo* microdialysis**

Brain microdialysis is a technique for collection of molecules in the extracellular fluid by means of a semipermeable membrane at the tip of microdialysis probe. When the probe is slowly perfused with a continuous flow of artificial cerebrospinal fluid (aCSF), passive diffusion of molecules according to their concentration gradient takes place across the membrane. The strength of the method is that it allows simultaneous application and monitoring of the effects of drugs in a restricted brain area. Furthermore, as it can be performed in freely moving animals, information on changes in the composition of the extracellular fluid can be continuously monitored across vigilance states or during experimental manipulations. Application of microdialysis was one of the key factors leading to the establishment of adenosine as an endogenous sleep factor in the BF (see sections 1.4.3. and 1.5.3. and (Basheer et al., 2004). In the present studies we used *in vivo* microdialysis to collect samples in the BF for quantitative analysis of adenosine, lactate and NO. In addition, microdialysis was utilized to locally deliver glutamate or its agonists (AMPA, NMDA), antagonist (MK-801) or uptake-blocker (DHK) or NO donor (DETA/NO) into the BF (details of drugs, concentrations and suppliers can be found in the original articles).

#### **3.3.1. Sample collection and experimental schedule**

Twenty hours before the first experiment, microdialysis probes (CMA 11 probe, CMA/Microdialysis) were lowered into the BF. On the day of the experiments between 8:30 and 9:30 AM animals were connected to microdialysis tubing as well as to the EEG/EMG recording cables. Tubing was attached to a microdialysis syringe pump (CMA/Microdialysis) for continuous perfusion (1  $\mu$ l/min) of aCF. For each experiment, collection of 30 min (30 $\mu$ l) samples was started at 10:00 AM and continued for 6 hours until 4:00 PM (altogether 12 samples were collected). At the end of the microdialysis period animals were disconnected from the microdialysis tubing while the EEG/EMG recording was continued until the next morning (8:30 AM).

During the first experimental day (baseline day) animals were left undisturbed (except for connecting/disconnecting of microdialysis tubing in the beginning and end of the microdialysis period) to allow spontaneous sleep-wake behavior to occur. On the following days before experimental procedures aCSF perfusion alone was carried out for 2-3 hours to collect samples for the determination of the pre-treatment levels of metabolites. The following experiments were performed:

- 1) sleep deprivation (SD) with sample collection only (I, III, IV)
- 2) glutamatergic activation (AMPA, NMDA, DHK, L-glutamate) of the BF (I, IV)
- 3) NO donor (DETA/NO) infusion (III)
- 4) sleep deprivation with simultaneous glutamate receptor antagonist (MK-801) infusion (I)

SD was always performed first and a minimum of 48h was allowed between experiments.

### **3.3.2. Verification of probe location**

After the end of all the experiments animals received a lethal dose of pentobarbital. Color ink was injected through a modified microdialysis probe to mark the location of the probe tip. The brains were removed and frozen on dry ice. 20 µm coronal frozen sections were cut; stained with Toluidine Blue; dehydrated through graded ethanol, cover-slipped with Depex and visually inspected under a light microscope to verify the location of the probe tip using a rat brain atlas (Paxinos and Watson, 1998). Only those animals with probe locations in a close vicinity of the target area (BF) including horizontal diagonal band of Broca (HDB), substantia innominata (SI), magnocellular preoptic area (MCPO), lateral preoptic area (LPO) and the basal nucleus of Meynert (B) were included in the analysis.

### **3.3.3. Determination of neuronal activity with FOS staining**

To assure that glutamatergic stimulation of the BF increased neuronal activity, we used FOS staining, which is generally used as a marker of neuronal activity (Sagar et al., 1988).

Immediately after 3 h of treatment the animals received a lethal dose of pentobarbital and were under deep anesthesia transcardially perfused with saline followed by 4 % paraformaldehyde in phosphate buffered saline (PBS) after which brains were submerged in 30% sucrose at 4°C.

Coronal sections were cut through the BF area and endogenous peroxidase activity blocked with

hydrogen peroxide. Sections were then treated with blocking solution (4 % donkey serum; 0.2 % Triton-X in PBS); incubated overnight with a rabbit anti-FOS primary antiserum (Ab-5, 1:10 000, Calbiochem) and further processed with biotinylated donkey anti-rabbit IgG (1:400; Chemicon International) followed by reaction with avidin-biotin complex (ABC, Vector Elite Kit). Nickel-diaminobenzidine tetrahydrochloride (Ni-DAB; peroxidase substrate kit DAB, Vector laboratories) was used for detection. Sections were mounted on slides and investigated under a light microscope. There was no nuclear staining in the absence of primary antiserum. As reported earlier for NMDA and AMPA (Cape and Jones, 2000), also application of glutamate induced FOS expression. Control treatment with aCSF did not result in specific FOS staining.

### **3.3.4. HPLC analysis of adenosine and lactate**

Microdialysis samples were analyzed for adenosine and lactate using high performance liquid chromatography (HPLC) coupled to UV detection. The adenosine concentration was measured as previously described in detail (Porkka-Heiskanen et al., 1997). Lactate was assayed as in (Hallstrom et al., 1989). The detection limits of the assays were for adenosine 0.8 nM (signal-to-noise ratio 2:1), and for lactate 10  $\mu$ M (signal-to-noise ratio 3:1) (Grob, 1985). Samples with concentrations under the detection limits were discarded from further analysis. All HPLC data were analyzed with CLASS-VP 6.12 software (Shimadzu Corporation) and quantified by comparing the peak areas to those of standards. Microdialysis samples collected during the hours before the treatment served as a baseline for each individual animal. The mean concentration of samples collected either during the treatment or during the final hour of aCSF perfusion was compared to this baseline for each animal.

### **3.3.5. Nitric oxide detection**

As no endogenous source other than NO is known for nitrite ( $\text{NO}_2^-$ ) and nitrate ( $\text{NO}_3^-$ ) (collectively  $\text{NO}_x^-$ ) in the brain, this metabolite has generally been taken as indicative of NO production (Mackenzie et al., 1996). The dietary intake of nitrite can considerably affect the plasma nitrate concentrations, but as these anions do not penetrate the blood-brain barrier, their effect on brain concentrations is not significant (Clark et al., 1996). The diffusion range of NO is  $\sim 400 \mu\text{m}$  determined from brain slices (Ledo et al., 2005). Concentrations of  $\text{NO}_x^-$  were measured from microdialysis samples using a Nitrate/Nitrite Fluorometric Assay kit (Cayman Chemical Company).

### **3.4. Western blot**

Rats were divided into two groups: the SD group and their circadian controls. SD started at lights on and rats were sacrificed by decapitation following 1.5-, 3- or 6 hours of SD. Control rats were left undisturbed and sacrificed at the same time points.

After decapitation, the brains were immediately removed and the BF and cortex were quickly dissected, snap-frozen in liquid nitrogen and stored at -80°C. Frozen tissues were homogenized in a 1:3 ratio (g tissue/ ml buffer) to ice cold homogenization buffer (50mM TRIS-HCl, pH 7.5, 130mM NaCl, 1mM EDTA, 1mM EGTA, 1% (v/v) TX100, 2.5mM Sodium pyrophosphate, 1mM beta-Glycerol-2-phosphate, 1mM phenylmethylsulphonyl fluoride (PMSF)) including inhibitor cocktails (Protease Inhibitor Cocktail, cat# P834 , phosphatase inhibitor cocktail 1. and 2. cat# P2850 and P5726 from Sigma-Aldrich Co, St Louis, MO). After adding 5µl of PMSF (10mM) samples were left to stand for 30min on ice and then centrifuged for 30min at 16000g at 4°C. The resulting supernatants were used for Western blot. The protein concentration was measured with Protein Assay Dye Reagent (Bio-Rad Laboratories Inc.).

Samples were mixed with a 1:1 ratio with Laemmli buffer (Bio-Rad) containing 5% 2-mercaptoethanol (Sigma-Aldrich), denatured by boiling and loaded into a 7.5% sodium dodecyl sulphate-polyacrylamide gel (SDS-PAGE). Proteins were resolved by electrophoresis and transferred to Hybond<sup>TM</sup> –ECL<sup>TM</sup> nitrocellulose membranes (Amersham Biosciences, UK). High Range Rainbow Molecular Marker (GE Healthcare) was used as a size marker. Membranes were blocked with 5% non fat dry milk in TRIS-buffered saline, pH 7.5 with 0.1% Tween (TBS-T) before incubation with antibodies

#### **3.4.1. Detection of iNOS induction**

iNOS protein was measured as in (Kalinchuk et al., 2006a). Shortly, samples were resolved with 10% SDS-PAGE, transferred to nitrocellulose membranes, incubated with polyclonal anti-iNOS primary antibody (1:1000 dilution; at +4° C o/n Santa Cruz, California, US) and secondary FITC-conjugated antibody (1:200 dilution; Zymed Laboratories Inc., San Francisco, US;).  $\beta$ -Tubulin, detected with a combination of primary antibody (0.25 mg/ml; Zymed Laboratories Inc., San Francisco, US) and secondary TRITC-conjugated antibody (1:1000; Jackson ImmunoResearch Laboratories Inc., Baltimore, US) was used as a loading control. Mouse macrophage lysate (BD

Biosciences) served as a positive control. Band optical densities were measured with the Typhoon<sup>TM</sup> variable mode imager and ImageQuant<sup>TM</sup>.

### **3.4.2. Detection of AMPK activation**

AMPK activation was detected with an antibody specific for phosphothreonine 172 within the catalytic  $\alpha$  subunits (Phospho-AMPK- $\alpha$  (Thr172) from Cell Signaling Technology Inc., Danvers, MA). Membranes were incubated with a 1:800 dilution of the antibody in TBS-T with 5% bovine serum albumin at +4°C overnight (o/n). After incubation with the secondary antibody (1:2000, anti-rabbit IgG conjugated to horseradish peroxidase, Cell Signaling) blots were developed using enhanced chemiluminescence (Amersham ECL Advance Western Blotting Detection Kit, GE Healthcare). The ECL signal was detected and quantified with Typhoon<sup>TM</sup> variable mode imager and ImageQuant<sup>TM</sup> software (both from GE Healthcare). Total AMPK was measured from the same blots after incubation with stripping buffer (63mM TRIS-HCl, pH 7.6, 100mM 2-mercaptoethanol, 2% SDS) for 30min at +50°C. Total AMPK detection was similar to pAMPK except that the antibody for AMPK- $\alpha$  subunits (1:1000 dilution, +4°C, o/n, Cell Signaling) was used as the primary antibody. AMPK Control Cell Extracts (Cell Signaling) and self-made positive controls (described in detail in original publication II) were used as positive controls in each gel.

### **3.5. Statistical analyses**

For simple comparisons of two groups we used *t*-tests or paired *t*-test depending on the experimental design; e.g. whether comparison was made between two time point measures within the same animals (dependent variables, paired design) or between two different groups of animals (independent variables). For analysis of more than two groups we used One Way -or Two Way ANOVA followed by the Holm-Sidak as post-hoc test or One Way- or Two Way Repeated Measures of ANOVA followed by Holm-Sidak multiple comparison procedure, again depending on whether variables were independent such as different age groups or dependent such as time series analysis within a group. Correlation analysis in study IV was performed with Pearson Product Moment Correlation. In all cases equivalent non-parametric statistical tests were used if the data were not normally distributed. Statistical analyses were carried out either in SPSS 12.0.1

or in Sigma Stat<sup>®</sup> (version 3.00 or 3.1) statistical software, both from SPSS Science Software (Chicago, IL, USA).

### **3.6. Critical considerations**

#### **3.6.1. *In vivo* microdialysis and cellular sources of metabolites**

While *in vivo* microdialysis is an excellent tool to be applied when simultaneous measurements of neurochemistry and behavior or EEG are needed, it does not provide detailed information on the actual cellular sources of the molecules measured. It measures the net extracellular concentration of molecules, which in turn reflects changes in transport, release or diffusion of molecules from intracellular compartments or from the circulation. In the present studies, while it is assumed, based on extensive literature, that lactate release is primarily of astrocytic origin, this is not experimentally verified.



## 4. RESULTS AND DISCUSSION

### 4.1. Glutamatergic stimulation of the BF (I)

To test the hypothesis that adenosine and lactate responses in the BF during SD are due to increased or continuous BF activity, we compared the effects of 3 h SD to the effects of 3 h experimental BF activation.

#### 4.1.1. Effects on behavioral states and EEG arousal

Sleep deprivation for 3 h with presentation of novel objects was effective in keeping the rats awake and resulted in significant increase in high frequency (HF) EEG theta power (7-9 Hz). With experimental stimulation of the BF by glutamate or its receptor agonists, three relevant classes of activation were induced:

- 1) mild BF activation with glutamate or its uptake blocker (DHK), which did not activate the EEG or induce wakefulness
- 2) wake-inducing activation by AMPA without EEG theta increase
- 3) wake-inducing activation by NMDA with EEG theta increase

Times spent awake during different treatments are shown in table 1.

<b>Treatment (3 h, between 12-15)</b>	<b>% time spent awake</b>
Baseline (aCSF infusion), n = 17	31.0 ± 1.9
Glutamate (5 mM), n = 5	37.3 ± 5.8
AMPA (0.047mM), n = 6	61.3 ± 6.7 *
NMDA (0.3 mM), n = 7	71.0 ± 7.0 *
SD, n = 9	96.0 ± 1.2*

**Table 4.1.1. % of time spent awake during the treatment period.**

Data is shown as group mean ± S.E.M. Asterisks denote statistically significant ( $P \leq 0.05$ ) differences between treatments and baseline. Time spent awake during AMPA activation did not differ from that induced by NMDA ( $P > 0.05$ ).

#### **4.1.2. Effects on extracellular adenosine and lactate**

*Activation of the BF with NMDA and AMPA.* As reported previously (Kalinchuk et al., 2003) 3h SD increased extracellular adenosine and lactate levels in the BF. A similar effect with physiological increases in both adenosine and lactate level was found when the BF was stimulated with NMDA. No significant increases were found during stimulation with AMPA, even if the time spent awake with AMPA did not differ from that induced by NMDA (table 1). This was puzzling at first, because it was expected that any activation that induces wakefulness and BF activity, would also increase adenosine and lactate levels.

When trying to solve this problem, we hypothesized that a difference in the type of BF activity (or waking) induced by these two agonists, would explain the differences in metabolite responses. To test this assumption we compared waking EEG power spectra recorded during SD, NMDA and AMPA; and found that only with SD and NMDA high frequency (HF, 7-9 Hz) EEG theta power was significantly increased. We concluded that the type of BF activity that occurs during increased HF EEG theta activity is more potent in increasing adenosine and lactate levels in the BF than wakefulness without HF theta increase.

The most important finding of this part of the study was that it demonstrated a difference in the BF adenosine and lactate responses between HF-theta enriched, active waking (SD and NMDA), and waking without HF-theta increase (AMPA). As adenosine is involved in the generation of homeostatic sleep pressure, our results are in line with another study showing that sleep deprivation enriched with active waking is more effective in increasing homeostatic sleep pressure than sleep deprivation with less active waking (Huber et al., 2007).

*Glutamate and DHK infusion.* During application of glutamate, extracellular adenosine increased to a much higher level than measured with any other treatments (60 fold as compared to 2-4 fold increase) and lactate levels slightly decreased. Application of the non-transportable astrocyte glutamate blocker DHK, which is known to increase extracellular glutamate levels (Massieu et al., 1995; Seki et al., 1999) , slightly increased adenosine levels but had no effect on lactate release.

The effect of local glutamate infusion on adenosine levels most likely results from a metabolic shock brought up by the extensive astrocytic glutamate uptake during the infusion, which glutamate itself, but not the agonists or DHK will activate (Grewer and Rauen, 2005). Previous studies have shown that energy depletion increases extracellular adenosine to a greater extent than electrical stimulation or physiological neuronal activity does (Lloyd et al., 1993; Brundage and Dunwiddie, 1998; Kalinchuk et al., 2003).

The much smaller effect on adenosine, the lack of effect on lactate release during DHK infusion and the absence of wake promotion by these drugs, further support the assumption that changes in metabolite levels are associated with excessive astrocytic glutamate uptake rather than with significant increases in neuronal activity. Furthermore, as adenosine levels were extremely high only during the first hour of glutamate infusion and significantly decreased by the end of the treatment period, it is probable that the BF cells managed to cope with excessive glutamate load and therefore did not suffer from continuous energy depletion.

#### **4.1.3. Effects on subsequent sleep and SWS delta power**

In line with the above described findings that only SD and NMDA increased metabolite levels, EEG delta power – a marker of homeostatic sleep drive- was significantly increased only after SD and NMDA. In contrast, all treatments increased the duration of the subsequent SWS, regardless of whether waking or cortical arousal was induced during the BF stimulation. In several earlier studies the amount and the intensity of sleep have also been found to be disproportionally affected (Tobler and Borbely, 1990; Franken et al., 1991; Opp and Krueger, 1994; Cirelli et al., 2005). It is probable that a minor increase in homeostatic sleep pressure (wakefulness without marked increases in adenosine or EEG theta power (AMPA) or experimentally increased BF adenosine without wakefulness (glutamate, DHK), prolong the SWS duration, while a more profound increase in sleep pressure due to active waking (SD, NMDA) also enhances SWS delta power.

Taken together these findings show that both markers of homeostatic sleep pressure: 1) BF adenosine during waking and 2) EEG delta power during sleep, significantly increase only if an increase in HF theta power (a marker of active wake and increased BF activity) is recorded during wakefulness.

#### **4.1.4. Effects of blocking glutamatergic activity in the BF during SD**

To further substantiate the assumption that BF activity, and particularly NMDA activation of the BF, contributes to the build-up of sleep pressure during prolonged waking; we reduced glutamatergic activity in the BF during 3h SD by NMDA receptor antagonist (MK-801) infusion. We found that NMDA blockage: 1) had no effect on time spent awake during SD, but significantly reduced HF EEG theta power and 2) reduced SWS duration, but not delta power during the subsequent recovery sleep.

The fact that NMDA blockage selectively reduced HF theta power is in an agreement with our results (described in section 4.1.1) and previous findings from another laboratory (Cape and Jones, 2000) showing that stimulation of the BF with NMDA significantly increases HF (7-9 Hz)- but not LF (5-7) EEG theta power. While selective to the HF-theta, the magnitude of the theta power reduction by BF NMDA blockage was, however, relatively small. This probably contributes to the result that only SWS duration, but not its intensity, was reduced during subsequent recovery sleep. Taken together these results show that elevation of the glutamatergic activity in the BF increases sleep pressure (NMDA, SD), while reduction of BF glutamatergic activity (MK-801) reduces it.

#### **4.2. iNOS and AMPK in the BF during SD (II)**

In the study II we tested the hypothesis that BF is selectively sensitive to the metabolic demands of prolonged waking and that induction of iNOS in the BF is accompanied with AMPK activation. AMPK activation increased in the BF but not in the cortex. When iNOS protein levels were measured from the same samples as AMPK, statistically significant increase in iNOS protein was found in the BF but not in the cortex, confirming previous results (Kalinchuk et al., 2006a).

Activation of AMPK in the BF could have resulted either from decreased cellular energy charge or increased neuronal-activity (Hue and Rider, 2007). As NO is well known to inhibit oxidative energy production (Moncada and Bolanos, 2006) and induce AMPK activation (Almeida et al., 2004), we proposed that iNOS and NO mediated activation of AMPK -a mechanism

characterized to promote glycolysis and lactate release in astrocytes, could be one of the protective mechanisms, which by mobilizing supplemental energy stores, sustains BF activation during periods of prolonged waking.

On the other hand, as neuronal activity increases in the BF during prolonged waking (Modirrousta et al., 2004; Nikonova et al., 2005), Dr Kostin personal communication), AMPK may be activated by neuronal activity-mediated rise in the intracellular  $\text{Ca}^{2+}$ . AMPK activation due to increased neuronal firing has been shown to increase neuronal inhibition by activating GABA<sub>B</sub> receptors (Kuramoto et al., 2007).

It is also possible that both AMPK activation pathways are simultaneously activated. Then the activation of AMPK in the BF might be a protective mechanism which, during prolonged waking sustains neuronal activation by mobilizing supplemental energy stores, and at the same time promotes sleep by increasing inhibition of the wake-active cells. Nevertheless, the current findings only suggest that iNOS induction or neuronal activation leads to AMPK phosphorylation in the BF during prolonged waking, but further studies are needed to establish a causal link between these events and AMPK activation.

#### **4.3. Age-related changes in the BF during SD (III, IV)**

In the last two studies age-related changes in the BF responses to sleep deprivation were studied, and the effects of SD were compared to glutamatergic (NMDA) stimulation in study IV and to NO donor (DETA/NO) infusion in study III. In both studies three age groups of rats were used: young (~3 months), middle-aged (~12 months) and old (~24-months).

##### **4.3.1. Reduction in waking EEG theta power during SD (IV)**

In study I we had already demonstrated that stimulation of the BF with NMDA or 3h SD enhances the HF (7-9 Hz) EEG theta, while application of NMDA antagonist during SD selectively attenuates the HF theta in young rats. These results implicate that changes in HF-EEG theta power reflect BF activity. In the study IV we found that the increase in HF theta during SD was reduced in both old and middle-aged rats as compared to young. We hypothesized that this reduction could be due to reduced sensitivity of aged BF to excitatory stimulus and tested this by BF NMDA infusion. We found that NMDA did not significantly increase wakefulness or HF

theta in the aged rats. Accordingly, several studies have demonstrated age-related decreases in NMDA receptor density and alternations in function in the brain (Segovia et al., 2001;Gonzales et al., 1991). These results suggest that promotion of cortical arousal by the BF, as measured by the increase in HF theta, is reduced during SD in aging.

During baseline waking LF theta power was higher in old animals than in the young. This finding is consistent with other studies in both humans (van der Hiele K. et al., 2008) and animals (Colas et al., 2005), which found that LF theta power was increased in aged subjects as compared to the young. Several studies have implicated that increased LF theta power correlates with reduced arousal level (Schacter, 1977;Cajochen et al., 1995;Cajochen et al., 2001;Lorenzo et al., 1995;Lafrance and Dumont, 2000;Aeschbach et al., 1999;Aeschbach et al., 1997;Cajochen et al., 2002;Finelli et al., 2000;Strijkstra et al., 2003; Vyazovski and Tobler, 2005). In our study reduced baseline arousal level could decrease the capacity of the old to increase active wake (a shift from low- to high frequency theta enriched waking) during SD.

#### **4.3.2. Reduction in the BF lactate release during SD (IV)**

In contrast to young, lactate levels did not increase in the BF during SD in the aged animals (middle-aged and old). This could have resulted either: 1) from reduced sensitivity of the aged BF to excitatory input or 2) from age-related impairments in lactate production.

The first assumption is supported by our finding that even experimental stimulation of the BF with NMDA did not increase lactate release or promote waking or increase cortical arousal in the old (described above). Our results indicate that neuronal activity was not increased by NMDA stimulation in the aged and thus did not activate lactate production. In the present study we did not directly investigate the intracellular mechanisms of lactate production or their possible impairments in aging. Nevertheless, both the reduced sensitivity of the aged BF cells to excitatory input as well as reduced capacity for energy production have been reported or implicated in the literature (Sarter and Bruno, 2004; Mitsushima et al., 1996;Giovannini et al., 1998; Fadel et al., 1999;Herzog et al., 2003;Murchison and Griffith, 2007; Baskerville et al., 2008).

To further substantiate the assumption that lactate release in the BF is linked to active waking and HF-theta, we found a strong positive correlation between BF lactate release and HF EEG theta

power in young animals, which was lost in the aged. Taken together our results show that both measures of BF activation: local lactate release and HF EEG theta are reduced in aging.

#### **4.3.3. Reduction in NO and adenosine responses in the BF during SD (III)**

In study III we found that, in contrast to young, 3 h SD did not significantly increase iNOS expression or extracellular levels of NO and adenosine in the BF of old animals.

The reduced NO response with aging is in agreement with previous reports demonstrating attenuations in NO production (and iNOS induction) in aged animals in response to immunological challenge or cellular stress (Canuelo et al., 2007; Siles et al., 2002; Xie et al., 2003). We also found that BF NO levels, as compared to young, were chronically high in the aged rats. Thus an explanation for the lack of NO response in the aged could be that because of the high basal NO production, the capacity for further increases is reduced. It is also possible that due to a ceiling effect, small increases in NO production do not lead to a net increase in extracellular NO level.

When comparing young and old animals we found that, similar to NO, the SD-induced adenosine response was attenuated with aging. Although not established in the present study, a causative link between NO and AD has been previously demonstrated (Rosenberg et al., 2000; Kalinchuk et al., 2006a) and thus the lack of significant increase in BF extracellular adenosine in the old rats is probably due to the attenuated NO response.

Interestingly, a previous study (Murillo-Rodriguez et al., 2004) did not report a decrease in adenosine accumulation during SD in aged rats. This discrepancy might be due to differences in data analysis (comparison of pre-SD and SD values from samples collected at the same day in our study, versus comparison of SD day values to baseline day values in their study). Also, according to their data, the first significant increase in adenosine levels in the aged rats occurred only after 4h of SD, while in the young rats it was detected already after the first hour. It is possible that, had we continued SD for longer than 3h, we might have measured increases in adenosine. Nevertheless, the immediate increase in adenosine and NO during SD, characteristic for young animals, is absent in the aged.

Study IV demonstrated that in aging the sensitivity of the BF to excitatory input is reduced: Activation of the BF with NMDA did not induce lactate release or promote waking or cortical arousal, as measured by HF theta power increase. Furthermore, lactate release was absent or HF theta power reduced in aged animals during SD. Based on this information it is possible that during SD, neurons in the BF are less active in the old than in the young. As the accumulation of adenosine is neuronal-activity dependent (for review see Latini and Pedata, 2001) reduced BF neuronal activity during SD in the aged could contribute to the reduced adenosine accumulation.

#### **4.3.4. Reduced sleep promotion by the BF during SD (III, IV)**

In our aged animals SWS delta (0.5-4 Hz) power, a marker of sleep intensity and homeostatic sleep drive (Achermann and Borbely, 2003) was reduced in baseline and its increase in response to SD was attenuated. This finding is in line with majority of other studies (Mendelson and Bergmann, 1999a; Mendelson and Bergmann, 1999b; Mendelson and Bergmann, 2000; Shiromani et al., 2000; Gaudreau et al., 2001; Munch et al., 2004; Landolt and Borbely, 2001; Bonnet and Arand, 2007). In studies III and IV we found clear age-dependent functional impairments of the BF during SD, which may contribute to reduced homeostatic sleep response.

In study III we first found that increases in NO (and adenosine) during SD were attenuated (described in section 4.3.3). Second, the experimental increase in NO (by DETA/NO infusion) in the BF did not increase SWS delta power in the middle-aged or old animals, as it did in the young. We proposed that 1) decreased production of NO (and adenosine) as well as 2) the insensitivity of the BF to sleep promotion by NO (and adenosine) both contribute to the diminished homeostatic sleep response in aging.

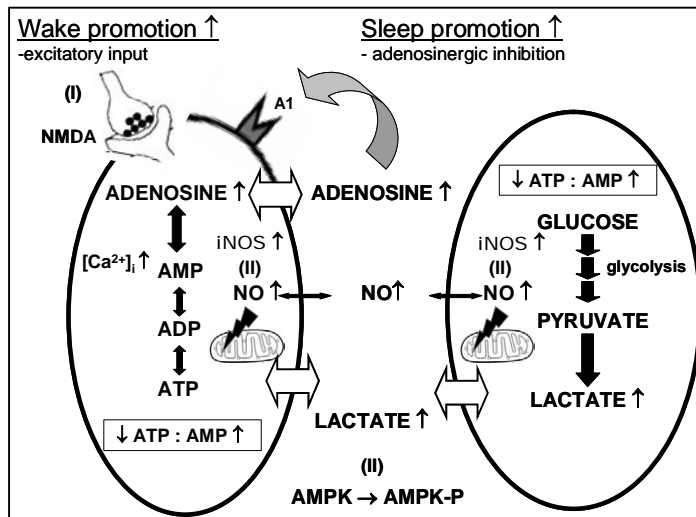
In the IV study we show that promotion of active wake and cortical arousal (as measured by HF EEG theta) by the BF during prolonged waking is impaired in aging. This may contribute to the reduced homeostatic sleep response, as in the study I we show that wakefulness with HF theta increase is more effective in inducing sleep than wakefulness without HF theta increase, and that reduction of BF activity during SD reduces recovery sleep. A study by another laboratory (Huber et al., 2005) found that wakefulness with increased levels of active wake is more potent in increasing sleep pressure and sleep delta power than the same amount of quiet waking. Thus the



attenuation of homeostatic sleep response could be due to the fact that aged animals spent less time in active wake.

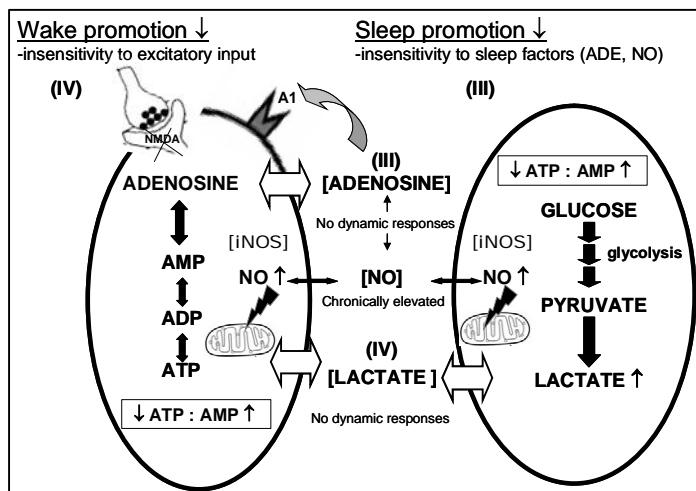
#### 4.4. Major findings

Major findings are presented in figures 4.4.1 and 4.4.2



**Figure 4.4.1. Major findings-young.**

Study I showed that NMDA receptor activation, which increased wakefulness and cortical arousal, also increased adenosine and lactate levels in the BF, and resulted in promotion of sleep subsequently. Study II showed that the site-specific induction of iNOS in the BF is accompanied with AMPK activation (pAMPK).



**Figure 4.4.2. Major findings-old.**

Studies III and IV showed that during SD, increases in cortical arousal as well as adenosine, lactate and NO level in the BF were attenuated. Study IV showed that the BF is insensitive to wake promoting BF stimulation by the glutamate receptor agonist NMDA. Study III showed that the BF is insensitive to NO mediated sleep promotion. Thus in aging both wake promotion and sleep induction via the BF are reduced.

#### 4.5. Future perspectives

First, it would be important to determine the major source of increased excitatory input to BF. Does it arrive from the prefrontal cortex or from the activating arousal systems? Which cells in the BF are most affected by increased activation (cholinergic, GABAergic or glutamatergic)? Preliminary findings from our laboratory indicate that during SD, a specific population of cells in the BF increases its activity. Elevated activity in the BF during SD could be a compensatory response by which the BF cells counteract adenosinergic inhibition and continue to sustain cortical arousal in spite of increased adenosine levels.

Second, studies should be carried out to find out whether AMPK activation is up-stream from iNOS mediated inhibition of mitochondrial energy production or due to NMDA mediated increases in  $[Ca^{2+}]_i$  or both. Also it would be interesting to know in which cell types AMPK is activated (neurons or glia). The major unanswered question is, however, why iNOS expression is activated first in the BF during SD, and in which cell types this occurs.

Third, most sleep deprivations in the present studies lasted only for 3 h. This short duration was chosen to reduce the confounding effects of stress, and because previous studies had shown that site-specific changes in BF metabolites can be detected with 3h SD. Nevertheless, such a short SD did not really allow analysis of temporal changes in EEG markers, such as theta during SD. It would be extremely interesting to see whether the increase in HF-theta, that we recorded, would be reduced or replaced by increases in LF-theta when deprivation lasts longer than 3h. In a study by (Vyazovski and Tobler, 2005) LF waking theta was increased in the final hours of 6 h SD when recorded during quiet waking epochs.

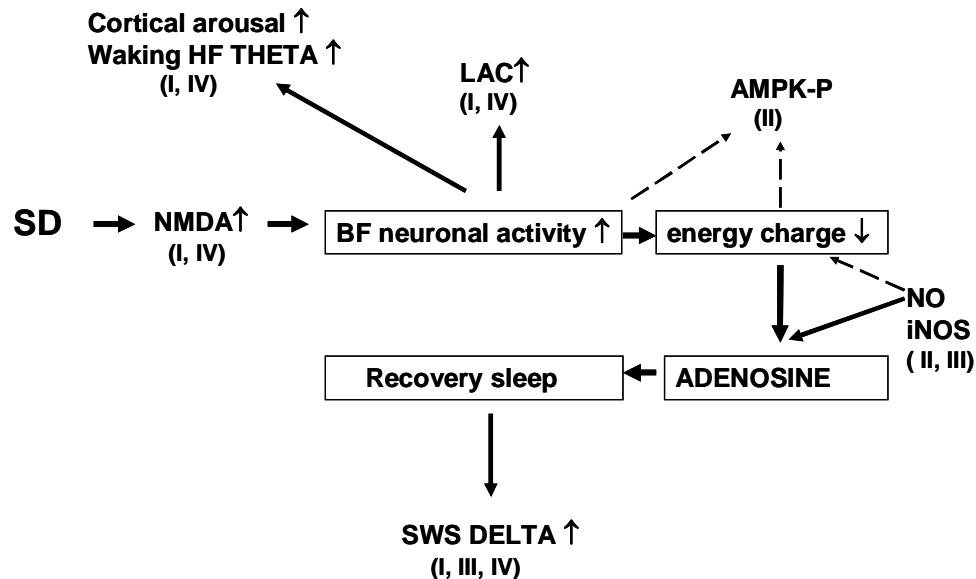
Finally, future studies should determine the causes of age-related BF alterations. Do they result from changes in cellular energy status, calcium homeostasis, or NMDA function? The most interesting question, however, concerns the attenuated homeostatic sleep response in aging. Is it due to reduced capacity of the aged brain to produce sleep (in our study implicated by reduced production and sensitivity of the BF to sleep promoting factors)? If this is true, then it can be assumed that aged individuals live under constant sleep deficit. Another possibility is that sleep need is simply reduced in aging. Our studies also support this possibility, as the accumulation of sleep inducing factors was attenuated in the aged animals and they spent less time in HF-theta

enriched active waking. Because sleep problems are becoming increasingly prevalent in the modern society, particularly, when the population is getting older, more profound information on the mechanisms underlying age-related changes is crucial for appropriate treatment.

## 5. CONCLUSIONS

The main results of the original publications are summarized and shown in figure 5.1.

**Figure 5.1. Working model and summary of major findings**



Wake and cortical arousal promoting BF activation (SD and NMDA) elevated extracellular adenosine and lactate levels and increased the subsequent sleep. Blocking NMDA receptor activation during SD reduced cortical arousal, as measured by HF EEG theta power, and attenuated subsequent sleep. Induction of iNOS during SD was accompanied with AMPK activation in the BF, but not in the cortex, implicating that the BF is selectively sensitive to the metabolic demands of prolonged waking. In aging, the increases in HF-theta power, and extracellular lactate, adenosine and NO levels were attenuated during SD. NMDA activation did not increase cortical arousal or BF lactate release. Also the sleep responses to both SD and to local BF infusion of NO were attenuated.

These findings implicate that increased or continuous BF activity is important for sustaining cortical arousal during prolonged waking and that BF activation also contributes to the generation of homeostatic sleep pressure. In aging these mechanisms are impaired.

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